User Guide for the Ticket Research File: TRF10

Data from January 1994 to December 2010

Volume II

September 21, 2012

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OVERVIEW OF TRF DOCUMENTATION

This document is one of several that provide information about the Ticket Research File (TRF) to help researchers understand and use its data. The full TRF documentation includes the User's Guide, the Data Dictionary, and the Construction Guide. All of these documents are available to SSA staff on the SSA intranet site at http://ordp.ba.ad.ssa.gov/OPDR/content/research#daf. Other TRF users can contact OPDR.DAF@ssa.gov with inquiries regarding TRF documentation.

Descriptions of the documents that comprise the TRF10 data documentation

User's Guide for the Ticket Research File *(this document)***: TRF10 Volumes I and II** (Hildebrand et al. 2012). The purpose of the User's Guide is to assist users in understanding the TRF10 and related files. Volume I provides an overview of the structure of the TRF and related files, and a summary of key variables are described in more detail in the TRF10 Data Dictionary. It describes methods to use and link TRF files and other data sources for research purposes. Volume II contains detailed appendices, including file layouts for the data sources described in Volume I.

Data Dictionary for the Ticket Research File: TRF10 Volumes I and II (Hildebrand et al. 2012). The Data Dictionary provides detail on TRF variables. Volume I includes an overview of the structure of the various TRF components, a list of variables, and an explanation of each of the variable description fields in Volume II. Volume II contains specifications for each variable, including name, definition, data format, identification of the TRF component to which it belongs, data source, availability, and selected SAS code used to construct the variable. Selected variables are annotated with additional information and context for researchers.

Construction Specifications for the Ticket Research File: TRF10 Volumes I and II (Hildebrand et al. 2012). The Construction Specifications provide technical details on the construction of TRF10. Volume I describes the construction and validation process, and mainframe data processing methods. The appendices collected in Volume II include the SAS and JCL code used in constructing TRF10, validation tables and charts used, and a glossary of terms.

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APPENDIX A

CALCULATING RETIREMENT DATE

Table of Retirement dates

Year of Birth	Full Retirement Age
1937 or earlier	65
1938	65 + 2 months
1939	65 + 4 months
1940	65 + 6 months
1941	65 + 8 months
1942	65 + 10 months
1943-1954	66
1955	66 + 2 months
1956	66 + 4 months
1957	66 + 6 months
1958	66 + 8 months
1959	66 + 10 months
1960 and up	67

Note: If beneficiary was born on January 1 of any year, set Year of Birth as the previous year.

Method:

1. Compute the date of retirement (RETIREDATE) using the table above with reference to the DOB.
2. Compute age for retirement (FRTRAGE) by subtracting DOBBEST from the RETIREDATE.

Method for setting monthly LDW Indicators with reference to retirement:

- use VNAME function to create year/month date for the WIC/RFD indicators to compare to RETIREDATE.

APPENDIX B

TRF IMPAIRMENT CODE GROUPINGS
As of October 2007

SSA records impairment information using 4-digit SSA Impairment Codes, a system of diagnosis codes that has been in use since the mid-1980s. SSA had previously used the ICD-9 coding scheme, some of which are still in use and may be present in TRF data.

Both sets of codes are lengthy, containing many hundreds of codes, and it is therefore useful to group individual diagnosis codes into broader categories for analysis or discussion. There is not currently a single standard at SSA for grouping the diagnosis codes and therefore researchers at Mathematica have sought to develop a grouping scheme suitable for research projects conducted by Mathematica and that accommodates both the SSA Impairment Codes as well as the ICD-9 codes. The cateogorization scheme is presented below.

Group Nbr	Group Label	Impairment Codes
A. Affective Disorders		
1	Major affective disorders	2960-2969 3110-3119
B. Other Psychiatric disorders		
2	Schizophrenia and Psychoses	2950-2959 2980-2989
3	Anxiety and neurotic disorders	3000-3019 3080-3099
4	Other mental disorders	2900-2949 2990-2999 3030-3079 3100-3109 3120-3129 3138-3169 3195 only Note: exclude 3110
C. Mental Retardation		
5	Mental Retardation	3170-3194 3196-3199
D. Back Disorders		
6	Back Disorders	7221-7249
E. Other Musculoskeletal Disorders		
7	Musculoskeletal system	7100-7200 7250-7399
F. Other		
8	Infectious & parasitic diseases	0110-0119 0450-0459 0930-1359 1380-1389

Group Nbr	Group Label	Impairment Codes
9	HIV/AIDS	0070-0079 0201-0449 0540-0559 0780-0789 1360-1369
10	Neoplasms	1400-2399
11	Endocrine/ nutritional	2400-2479 2500-2559 2630-2799
12	Blood/ blood-forming diseases	2800-2899
13	Severe visual impairment	3610-3699 3780-3789
14	Severe hearing impairment	3890-3899
15	Severe speech impairment	7840-7849
16	Nervous system	3200-3419 3430-3599 3860-3889
17	Circulatory system	3420-3429 3750-3759 3900-4599
18	Respiratory system	4600-4869 4910-5199 7690-7699
19	Digestive system	5200-5799
20	Genitourinary system	5800-6299
21	Skin/ subcutaneous tissue	6900-7099
22	Congenital anomalies	7400-7599
23	Injuries	8000-9599
24	Other	0000-0069 0680-0689 2480-2499 2580-2589 3130 only 4880-4889 6300-6889 7600-7689 7740-7839 7850-7959 9840-9849

Group Nbr	Group Label	Impairment Codes
G. Missing		
25	Missing	Any other code

APPENDIX C

COMMUNICATIONS TO TRF USERS ABOUT TRF DATA ISSUES

THE FOLLOWING MEMO WAS SENT TO TRF USERS IN JULY 2009. IT AFFECTS ONLY VERSIONS TRF06 AND EARLIER.

I. OVERVIEW

This appendix should be read by users of earlier versions of the TRF, specifically TRF06 and earlier. It describes a data problem that can affect the accuracy of the some SSI benefit amounts. Because the problem was discovered early in the construction of TRF08, the TRF construction team was able to apply corrections to the emerging database version, TRF08, as well as to the newly constructed previous version, TRF07. Therefore neither TRF07 nor TRF08 is affected by the problem detailed below. However, analysis conducted using SSI benefit amount data from TRF06 or earlier versions may need to be re-examined to determine if the problem affected any results or conclusions.

While preparing SSA administrative data for inclusion in the 2008 version of the Ticket Research File (TRF08), the TRF construction team uncovered a problem that can result in over or understating monthly Federal and State SSI benefit payment amounts for some SSI beneficiaries. It affects SSI beneficiaries who are part of households with multiple members receiving SSI benefits. SSI beneficiaries in single-person households are not affected. A brief explanation is provided below, with further detail available in the section entitled "How the Problem Arises".

Mathematica provides SSA programmers with a list of SSNs for SSI beneficiaries meeting the inclusion criteria for the TRF. SSA programmers run the list against the Supplemental Security Record (SSR) file to extract data for the requested SSNs. For SSNs of SSI beneficiaries in a household with multiple members receiving SSI benefits, the extraction process retrieves records for all SSI beneficiaries in that household.

To illustrate, suppose two SSI beneficiaries, each receiving a monthly benefit of $700, reside in the same household and both are selected for TRF inclusion. The SSR extraction process will extract two records for the first beneficiary: the record belonging to the first beneficiary, and the record belonging to the second household member, also an SSI beneficiary. Later the SSR extract process returns two records for the second beneficiary, one for each beneficiary in the household. In total, four SSI records are returned to Mathematica, each reflecting a monthly benefit amount, say $700 of $700, but two of the records are duplicates. In processing the returned records, Mathematica sums the benefit payment amounts for each SSN, as instructed by SSA to account for payment adjustments. This yields total monthly payment amounts of $1400 for each beneficiary, overstating the amount by $700 each.

This memo describes which TRF databases are affected, the types of records affected, and provides an estimate of the extent of the problem.

II. WHICH TRF VERSIONS AND VARIABLES ARE AFFECTED?

SSI benefit payment amounts are affected. SSI benefit due amounts are not affected, nor are DI benefit amounts paid or due. The specific names of affected variables are listed below for each TRF database.

Is this file affected by SSI payment problem?	Benefit Amount Variables Affected	Benefit Amount Variables Not Affected	Notes
TRF08			
No.	n/a	n/a	TRF08 is currently under construction, and steps are being taken to resolve the problem.
TRF07			
No	n/a	n/a	TRF07 contains data through Dec 2007 and was completed in early 2009; steps were applied after construction to resolve the problem but before the data was released to resolve the problem.
TRF06			
Yes	FPMTyymm, Federal SSI Benefit Paid SPMTyymm, State SSI Benefit Paid PAYSyymm, SSI Benefit Paid	DUEDyymm, DI Benefit Due DUEOyymm, DI Dependent Benefit Due DUESyymm, SSI Benefit Due FAMTyymm, Federal SSI Benefit Due PAYDyymm,PHUS DI Benefit Paid PAYOyymm, PHUS DI Dependent Benefit Paid SAMTyymm, State SSI Benefit Due	TRF06 contains data through December 2006 and was completed in July 2007.

Is this file affected by SSI payment problem?	Benefit Amount Variables Affected	Benefit Amount Variables Not Affected	Notes
TRF05			
Yes	FPMTyymm,Federal SSI Benefit Paid SBENyymm, SSI Benefit Amounts SPMTyymm, State SSI Benefit Paid	DBENyymm, DI Benefit Due FAMTyymm, Federal SSI Benefit Due MBAyymm, Federal DI Benefit Due MBPyymm, Federal DI Benefit Paid SAMTyymm, State SSI Benefit Due SDUEyymm, SSI Benefit Amounts Due	TRF05 contains data through December 2005 and was completed in July 2006.
TRF2			
Yes	FPMTyymm, Federal SSI Benefit Paid SBENyymm, SSI Benefit Amounts SPMTyymm, State SSI Benefit Paid	DBENyymm, DI Benefit Due FAMTyymm, Federal SSI Benefit Due SAMTyymm, State SSI Benefit Due SDUEyymm, SSI Benefit Amounts Due	TRF2 contains data through December 2004 and was completed in July 2005.
TRF1			
Yes	FPMTyymm, Federal SSI Benefit Paid SBENyymm, SSI Benefit Amounts SPMTyymm, State SSI Benefit Paid	DBENyymm, DI Benefit Amount Credited FAMTyymm, Federal SSI Benefit Due SAMTyymm, State SSI Benefit Due SDUEyymm, SSI Benefit Amounts Due	TRF1 contains data through December 2003 and was completed in the spring of 2004.

III. WHICH RECORDS IN A TRF ARE AFFECTED?

Some records for SSI beneficiaries (concurrent beneficiaries as well as SSI-only beneficiaries) are affected. Records for SSI beneficiaries are affected only when two or more SSI beneficiaries reside in the same household, as identified by the HUN variable.

Beneficiaries who participate solely in DI are not affected.

IV. WHICH TIME PERIODS IN A TRF ARE AFFECTED?

For affected TRF versions, all years and months for affected variables are affected. For instance, for TRF2, which covers participation from 1996 to December 2004, all variables SBEN9601 thru SBEN0412 will be over or understated for SSI beneficiaries living in a household with more than one SSI recipient.

V. EXTENT OF RECORDS AFFECTED

During construction of TRF08, more than 29 million records were extracted from the SSR and returned to Mathematica programmers. Approximately 3.5 million of these were duplicates, roughly 12%. We examined the monthly amounts paid in 2006 to beneficiaries with duplicate records and determined that the amounts paid during 2006 were incorrectly summed for approximately 670,000 SSI beneficiaries. Based on figures published by SSA, we assume the denominator of SSI beneficiaries actively receiving benefits in 2006 is on the order of five or six million, resulting in an approximate error rate ranging between 11% and 13%. We did not examine other years of data in the same TRF version, but we assume the prevalence of duplicate records is roughly the same in all years.

Once the duplicate detection process was complete, we continued constructing TRF08, applying corrective measures as we went. For the recently corrected TRF07, we also applied retro-active corrections.

VI. HOW THE PROBLEM ARISES

To construct each version of the TRF, programmers from Mathematica begin by assembling a list of the SSNs of participants in the DI and SSI programs who meet certain age and participation criteria during the designated period covered by a TRF version.

The lists of SSNs, referred to as finder files, are then used by SSA programmers to retrieve data from SSA administrative data sources, including the Supplemental Security Record (SSR) file, which contains data on SSI participants. The finder files are very large, so a preliminary process segments them into smaller and more manageable files before they are used for the SSR extract process. During construction of TRF08, SSA programmers divided more than ten million SSNs for SSI participants into eleven finder files, with the first ten files containing one million SSNs and the eleventh file the remainder.

In the next step SSA programmers run computer programs that extract data from the SSR, using each separate finder file in turn to specify the records to be extracted, and creating a new files of extracted records for each finder segment that was submitted. For TRF08 eleven finder files were processed, so eleven files of extracted data from the SSR were created. The SSR extract programs are designed to extract all records in a household when two or more SSI beneficiaries reside in the same household, as identified by the Housed-Under-Number (HUN).

When the data extracted from the SSR for a given finder file are ready, the SSA programmers de-duplicate the extracted data before providing it to the Mathematica programmers. This means that duplicates for a HUN that exist within a batch of million SSNs are removed, but if the duplicates within a HUN are spread among the separate finder files, they are not detected and therefore not removed.

To illustrate, suppose a HUN is established for a beneficiary with SSN 123 (3-digit SSNs are used for the sake of brevity). Later a second beneficiary in the same HUN is added to the rolls, whose SSN is 456. Both SSNs are recorded under the same HUN, 123. In the SSR finder process, the SSNs (123 and 456), each with the same HUN (123) are submitted to SSA.

Recall that the SSNs from the original finder file are split into multiple segments. Suppose SSN 123 ends up in the first finder file and SSN 456 ends up in the second finder file. SSA runs the SSR extract processes for each finder file separately. Using the first finder, SSN 123 extracts two records from the SSR because that SSN is in HUN 123 which has two beneficiaries in it (SSN 123 and SSN 456); therefore the first extract file will contain a record for SSN 123 in HUN 123 as well as a record for SSN 456, also in HUN 123. For the sake of illustration, SSN 123 has a monthly benefit amount of $700600, while SSN 456 has information on an adjustment for an overpayment of $100, so the monthly benefit amount is negative, recorded as -$100.

For the second finder, SSN 456 also extracts two returned records because it also is in a HUN (123) with two beneficiaries (SSN 123 and SSN 456); so the second returned file from the finder process will contain an extracted record for SSN 123 in HUN 123, with benefit amount of $600770, and a second record for SSN 456, also in HUN 123, with a negative benefit amount, -$100. However, the duplicates for each SSN are not detected because they are in separate files returned by the extract process. Within each extracted file, the records appear to be unique.

Later Mathematica programmers assemble all the SSR extracted records. The records for each SSN are combined and benefit payment variables are summed, following standard procedures at SSA to sum specified payment variables to account for adjustments – either negative or positive – to payments. Thus the duplicate payments are combined into a payment value that over or understates the actual payment. The resulting benefit amount for SSN 123 will be overstated, summing both values of $6700 to arrive at $12400, while the amount for SSN 456 will also be amplified, but in a negative direction, to -$200.

VII. MAGNITUDE OF BENEFITS AFFECTED

A. ALL AFFECTED SSI BENEFICIARIES

The following table lists the mean difference between the corrected SSI benefit payment amount and the corresponding uncorrected amount during each month in 2006 for affected SSI beneficiaries. After the monthly mean differences, the annual mean difference is also listed.

STATISTICS FOR CASES WITH DIFFERENT PAYMENTS
SSI PAYMENT DIFFERENCE IN AT LEAST 1 MONTH IN YEAR

THE MEANS PROCEDURE:

VARIABLE	N	MEAN	STD DEV	MINIMUM	MAXIMUM
AMT_DIFF_PAY0601	669191	474.6958477	447.7477943	-731.0000000	29219.00
AMT_DIFF_PAY0602	669191	470.7273409	443.8488523	-731.0000000	35490.00
AMT_DIFF_PAY0603	669191	471.5966772	451.4518306	-731.0000000	38754.00
AMT_DIFF_PAY0604	669191	473.6923614	462.5648063	-752.0000000	72192.00
AMT_DIFF_PAY0605	669191	476.6576015	492.4382000	-752.0000000	47053.00
AMT_DIFF_PAY0606	669191	464.2396670	388.3009815	-752.0000000	24618.00
AMT_DIFF_PAY0607	669191	462.8806559	394.3512214	-752.0000000	43203.00
AMT_DIFF_PAY0608	669191	466.6771325	415.5437572	-764.0000000	39252.00
AMT_DIFF_PAY0609	669191	461.0224017	387.9455165	-836.0000000	38951.00
AMT_DIFF_PAY0610	669191	464.2786723	413.4119743	-836.0000000	30992.00
AMT_DIFF_PAY0611	669191	454.0858574	361.5704098	-836.0000000	24666.00

AMT_DIFF_PAY0612	669191	462.3816459	412.2453977	-836.0000000	29898.00

Y2006_DIFF: YEARLY SSI PAYMENT DIFFERENCE

N	MEAN	STD DEV	MINIMUM	MAXIMUM
669191	5602.94	3425.98	-9309.00	85458.00

B. AFFECTED SSI BENEFICIARIES WHO ARE TICKET PARTICIPANTS

The following table lists the mean difference between the corrected SSI benefit payment amount and the corresponding uncorrected amount during each month in 2006 for affected SSI beneficiaries who participated in the Ticket to Work program. After the monthly mean differences, the annual mean difference is also listed.

STATISTICS FOR CASES WITH DIFFERENT PAYMENTS-TTW PARTICIPANTS SSI PAYMENT DIFFERENCE IN AT LEAST 1 MONTH IN YEAR

THE MEANS PROCEDURE:

VARIABLE	N	MEAN	STD DEV	MINIMUM	MAXIMUM
AMT_DIFF_PAY0601	437283	440.1798629	444.4000065	-731.0000000	29219.00
AMT_DIFF_PAY0602	437283	435.7965459	441.5296187	-731.0000000	35490.00
AMT_DIFF_PAY0603	437283	436.0526730	446.0725970	-731.0000000	25171.00
AMT_DIFF_PAY0604	437283	437.0675741	452.2491630	-752.0000000	29694.00
AMT_DIFF_PAY0605	437283	440.5703881	491.8649985	-752.0000000	47053.00
AMT_DIFF_PAY0606	437283	426.8004290	385.6252158	-752.0000000	23840.00
AMT_DIFF_PAY0607	437283	425.3486804	392.1711587	-752.0000000	43203.00
AMT_DIFF_PAY0608	437283	429.5358383	424.8382216	-764.0000000	39252.00
AMT_DIFF_PAY0609	437283	422.5696357	389.7272649	-836.0000000	38951.00
AMT_DIFF_PAY0610	437283	425.2863249	413.4434201	-836.0000000	30992.00
AMT_DIFF_PAY0611	437283	415.1858087	362.8429362	-836.0000000	24666.00
AMT_DIFF_PAY0612	437283	421.8816121	410.5516409	-836.0000000	29751.00

Y2006_DIFF: YEARLY SSI PAYMENT DIFFERENCE

N	MEAN	STD DEV	MINIMUM	MAXIMUM
437283	5156.28	3391.57	-9309.00	56810.00

C. AFFECTED SSI BENEFICIARIES WITH EARNINGS DATA

The following table lists the mean difference between the corrected SSI benefit payment amount and the corresponding uncorrected amount during each month in 2006 for affected SSI

beneficiaries with earnings, as recorded in SSA's Disability Control File (DCF), as well as the annual mean difference.

STATISTICS FOR CASES WITH DIFFERENT PAYMENTS-DCF EARNINGS CASES
SSI PAYMENT DIFFERENCE IN AT LEAST 1 MONTH IN YEAR

THE MEANS PROCEDURE:

VARIABLE	N	MEAN	STD DEV	MINIMUM	MAXIMUM
AMT_DIFF_PAY0601	100321	473.1524307	437.7948065	0	21348.00
AMT_DIFF_PAY0602	100321	465.5387107	429.1636143	0	22322.00
AMT_DIFF_PAY0603	100321	467.3943940	445.1551560	0	25171.00
AMT_DIFF_PAY0604	100321	466.6087659	457.7407144	0	29182.00
AMT_DIFF_PAY0605	100321	466.7563820	461.8495001	0	18564.00
AMT_DIFF_PAY0606	100321	455.0038875	402.9823210	0	24618.00
AMT_DIFF_PAY0607	100321	450.6949193	384.0336834	0	22035.00
AMT_DIFF_PAY0608	100321	452.9594502	426.1980271	0	39252.00
AMT_DIFF_PAY0609	100321	445.1766828	379.8489772	0	18872.00
AMT_DIFF_PAY0610	100321	447.1564478	403.7244278	0	21990.00
AMT_DIFF_PAY0611	100321	435.8971402	366.2029981	0	18232.00
AMT_DIFF_PAY0612	100321	440.1531783	421.7661918	0	29751.00

Y2006_DIFF: YEARLY SSI PAYMENT DIFFERENCE

N	MEAN	STD DEV	MINIMUM	MAXIMUM
100321	5466.49	3521.94	1.0	56810.00

APPENDIX D

GLOSSARY

GLOSSARY

Annuals	TRF component with longitudinal data
BOAN	Beneficiary's Own Account Number
CAN	Claim Account Number
CDR	Continuing Disability Review
CDRCF	Continuing Disability Review Control File
CER 100% Field File – Characteristics Extract Record 100% Field File	
DAC	Disabled Adult Child
DBAD	Disabled Beneficiary and Dependents Extract
DCF	Disability Control File
DDS	Disability Determination Services
Demo	TRF component with demographic data
DER	Detailed Earnings Record
DI	Social Security Disability Insurance
EN	Employment Network
EPE	Extended Period of Eligibility
EXR	Expedited Re-instatement Process
HI	Hospital Insurance
HUN	Housed Under Number
IRWE	Impairment Related Work Expense
LRF	Longitudinal Record Format
MBR	Master Beneficiary Record
MBR810 extract – Master Beneficiary Record – version number	

MBR814 extract – Master Beneficiary Record – version number

MEF	Master Earnings File
Numident	Number Identification
OASDI	Old Age Survivors and Disability Insurance
OIM	Office of Information Management
PAN	Person's Account Number
PASS	Program to Achieve Self-Sufficiency
Payments	TRF component with payments to ENs
PHUS	Payment History Update System
REMICS	Revised Management Information Counts System
RIB	Retirement Insurance Benefits
RSA	Rehabilitative Services Administration; also TRF-linkable file with RSA VR data
RSA-911	RSA Case Service Report
SMI	Supplemental Medical Insurance
SAS	originally "Statistical Analysis System"
SER	Summary Earnings Record
SSA	Social Security Administration
SSI	Supplemental Security Income
SSI-LF	Supplemental Security Income - Longitudinal File
SSR	Supplemental Security Record
SVRA	State Vocational Rehabilitation Agency
T2	Title II (DI)
T16	Title XVI (SSI)
TKT	TRF component with TTW data

TRF	Ticket Research File
TRF.Demo	TRF component with demographic data
TRF.Annuals	TRF component with longitudinal data
TRF.Payments	TRF component with payments to ENs
TRF.RSA	TRF-linkable file with RSA VR data
TRF.TKT	TRF component with TTW data
TRF.VRRMS	TRF-linkable file with payments to SVRAs
TWP	Trial Work Period
TTW	Ticket to Work
VR	Vocational Rehabilitation
VRRMS	Vocational Rehabilitation Reimbursement Management System; also TRF-linkable file with payments to SVRAs
YTD	Youth Transition Demonstration

APPENDIX E

FILE LAYOUT OF THE MBR: MASTER BENEFICIARY RECORD

OFFICE OF SYSTEMS DESIGN AND DEVELOPMENT
DIVISION OF DATA BASE SYSTEMS

DATE: MAY 11, 2004

TRANSMITTAL SHEET NUMBER V14.0

SYSTEM: MR-DD - DATA BASE MAINTENANCE -- OESAE/DDBS
PURPOSE OF THIS ISSUANCE: TO ISSUE SPECIFICATIONS SHOWING THE CONTENT OF
MBR (7080) SPREAD RECORD SPEC - VERSION 14

TRANSMITTED MATERIAL
SPECIFICATION NUMBER 03-005
DATED: MAY 11, 2004

SUPERSEDED MATERIAL
ALL PAGES OF VERSION 13V606
SPECIFICATION NUMBER MR-DD-03-004

01. BACKGROUND AND GENERAL INFORMATION

A. BACKGROUND

THE MASTER BENEFICIARY RECORD WAS ORIGINALLY ESTABLISHED IN 1962
THIS SPECIFICATION IS ISSUED TO INCLUDE THE NEW AND CHANGED DATA
ELEMENTS AS REPRESENTED IN THE MBR 7080 SPREAD RECORD THROUGH
VERSION 14.0 UPDATE FOR THE TITLE II REDESIGN EFFORT

B. GENERAL INFORMATION

USERS MAY USE A BROWSABLE DATASET WHICH IS HELD ON THE SEF
THE DATASET NAME IS:
'SSA.ET152.SPEC.MBR7080.V14.RYYMMDD' LATEST DATE IS CURRENT

USERS MAY BROWSE THIS DATASET TO FIND SPECIFIC INFORMATION
WHICH MAY NOT BE READILY APPARENT TO THEM
FOR EXAMPLE:
SOMEONE WISHING TO DETERMINE IF THERE ARE FIELDS ON THE
MBR RELATING TO RELIGIOUS ORDERS NEED ONLY ENTER
THE FIND COMMAND- F RELIG -AND ENTRIES CONTAINING THAT
CHARACTER STRING WILL BE FOUND

- THE INFORMATION FOR EACH FIELD IN THE RECORD APPEARS
IN THE FOLLOWING ORDER FROM LEFT TO RIGHT

1. DISPLACEMENT FROM THE START OF THE SECTION
2. LENGTH OF THE FIELD IN BYTES
3. ACRONYM
4. THE FULL NAME (THE DRD TITLE)
5. THE TYPE OF FIELD (IE. CHARACTER,NUMERIC,PACKED,BINARY,
GROUP, ETC.)

- PROCESSING CONSIDERATIONS
  - BATCH USERS:

    * RELATIVE DATES
    * SPECIAL UPDATE RULES FOR RELATIVE DATES IN FIXED AREAS:

     - DUMAS SHOULD RETAIN THE DATE ON THE EXISTING MBR WHEN THE PUT DATE FIELD CONTAINS BLANKS/SPACES

     - DUMAS SHOULD DELETE THE DATE ON THE EXISTING MBR WHEN THE PUT DATE FIELD CONTAINS ZEROES
        APPLICATION PROGRAMMERS SHOULD PLACE ZEROES IN RELATIVE DATE FIELDS TO BE DELETED RATHER THAN '***'

-- ALL DATES ARE IN RELATIVE FORMAT

BATCH USERS OF THE MBR SHOULD BE AWARE THAT RELATIVE DATES MAY CONTAIN ZEROES THESE DATES SHOULD BE CHECKED FOR ZEROES BEFORE CALLING TRELDATE CALLS TO TRELDATE USING ZERO RELATIVE DATES MAY RETURN ERRONEOUS INFORMATION

- PROCESSING CONSIDERATIONS

7080 COPY AREA NAMING CONVENTIONS FOR VERSION 14

12345678 (CHARACTER POSITION IN NAME)
1 = G ALWAYS
 2 = 3 VERSION NUMBER (VERSION 13 IS SHOWN AS 3)
  3 = 7 (7080)
   4 = A (AFTER)
       B (BEFORE)
       C (CLUSTER)
       M (MASTER)
       P (PUT)
       V (MASTER COPY AREA)
    5678 = (COPY AREA IDENTIFICATION)

I.E. (G47VMBR)
      12345678

- PROCESSING CONSIDERATIONS

LABEL RECORD COPY AREAS:

COPY AREAS HAVE BEEN GENERATED THROUGH THE DRMS
G47VPSUL IS THE MASTER LABEL COPYAREA (SEE BELOW)
G47APSUL IS AN AFTER IMAGE (I.E. OUTPUT LABEL AREA)

```
 01  PE-USER-LABEL.
*    ************************************************************
*    ***** POST-ENTITLEMENT STANDARD USER RECORD DEFINITION ****
*    ************************************************************
     05  PE-SUL-UHL1                     PIC  X(4).

     05  PE-SUL-DSN                      PIC  X(8).
     05  FILLER                          PIC  XXX.
     05  PE-SUL-SEG                      PIC  99.
     05  FILLER                          PIC  X.
     05  PE-SUL-RUNDATE-YYMMDD.
         10  PE-SUL-RUNDATE-YY.
             15  PE-SUL-RUNDATE-YY-N     PIC  99.
         10  PE-SUL-RUNDATE-MM.
             15  PE-SUL-RUNDATE-MM-N     PIC  99.
         10  PE-SUL-RUNDATE-DD.
             15  PE-SUL-RUNDATE-DD-N     PIC  99.
     05  FILLER                          PIC  X.
     05  PE-SUL-COMDATE-YYMM.
         10  PE-SUL-COMDATE-YY.
             15  PE-SUL-COMDATE-YY-N     PIC  99.
         10  PE-SUL-COMDATE-MM.
             15  PE-SUL-COMDATE-MM-N     PIC  99.
     05  PE-SUL-COM-MONTH                PIC  X.
     05  PE-SUL-UPDATE-SCHEDULE-GP.
         10  PE-SUL-LSU                  PIC  99.
         10  PE-SUL-SEG-SWITCHES.
             15  PE-SUL-SEG1-SWITCH      PIC  9.
             15  PE-SUL-SEG2-SWITCH      PIC  9.
             15  PE-SUL-SEG3-SWITCH      PIC  9.
             15  PE-SUL-SEG4-SWITCH      PIC  9.
             15  PE-SUL-SEG5-SWITCH      PIC  9.
             15  PE-SUL-SEG6-SWITCH      PIC  9.
             15  PE-SUL-SEG7-SWITCH      PIC  9.
             15  PE-SUL-SEG8-SWITCH      PIC  9.
             15  PE-SUL-SEG9-SWITCH      PIC  9.
             15  PE-SUL-SEG10-SWITCH     PIC  9.
             15  PE-SUL-SEG11-SWITCH     PIC  9.
             15  PE-SUL-SEG12-SWITCH     PIC  9.
             15  PE-SUL-SEG13-SWITCH     PIC  9.
             15  PE-SUL-SEG14-SWITCH     PIC  9.
             15  PE-SUL-SEG15-SWITCH     PIC  9.
             15  PE-SUL-SEG16-SWITCH     PIC  9.
             15  PE-SUL-SEG17-SWITCH     PIC  9.
             15  PE-SUL-SEG18-SWITCH     PIC  9.
             15  PE-SUL-SEG19-SWITCH     PIC  9.
             15  PE-SUL-SEG20-SWITCH     PIC  9.
     05  PE-SUL-EOM                      PIC  X.
     05  PE-SUL-PREV-DAY.
         10  PE-SUL-PREV-DAY-DD.
```

```
            15  PE-SUL-PREV-DAY-DD-N     PIC  99.
        05  FILLER                       PIC  XXX.
        05  PE-SUL-APD.
            10  PE-SUL-APD-Y.
                15  PE-SUL-APD-Y-Z       PIC  S9.
            10  PE-SUL-APD-MDD.
                15  PE-SUL-APD-M         PIC  X.
                15  PE-SUL-APD-DD.
                    20  PE-SUL-APD-DD-N  PIC  99.
        05  PE-SUL-FOM.
            10  PE-SUL-FOMDATE-YY.
                15  PE-SUL-FOMDATE-YY-N  PIC  99.
            10  PE-SUL-FOMDATE-MM.
                15  PE-SUL-FOMDATE-MM-N  PIC  99.
        05  PE-SUL-FOM-A                 PIC  X.
        05  PE-SUL-RUN-DAY               PIC  X.
        05  PE-SUL-RUNDATE-REL-D         PIC  S9(5) COMP-3.
        05  PE-SUL-COMDATE-REL           PIC  S9(5) COMP-3.
        05  PE-SUL-RUNDATE-JUL           PIC  X(5).
        05  FILLER                       PIC  X.
```

C. DATA DICTIONARY

THIS RECORD SPECIFICATION HAS BEEN PRODUCED FROM THE DATA RESOURCE DIRECTORY (DRD)

ALL QUESTIONS OR QUERIES ABOUT THIS SPECIFICATIONS SHOULD BE DIRECTED TO:

OFFICE OF ENTERPRISE SUPPORT ARCHITECTURE & ENGINEERING (OESAE)
DIVISION OF DATA BASE SYSTEMS (DDBS)
DATA BASE SUPPORT BRANCH (DBSB)
TITLE II LOCAL DATA BASE ADMINISTRATOR (LDBA)
2-D-20 OPERATIONS BUILDING
EXTENSION 57630

D. THE FOLLOWING DATE-FORMATS APPLY:

PACKED,DAYS REL-1800 - NUMBER OF DAYS RELATIVE TO JANUARY 1, 1800
S9(5) COMP-3, DEFAULT IS ZERO

PACKED,MONTHS REL-1800 - NUMBER OF MONTHS RELATIVE TO JANUARY, 1800
S9(5) COMP-3, DEFAULT IS ZERO

PACKED,YEARS REL-1800 - NUMBER OF YEARS RELATIVE TO 1800
S9(3) COMP-3, DEFAULT IS ZERO

E. CHANGES REFLECTED IN THIS EDITION

THIS SPECIFICATION PRESENTS INFORMATION UPDATED THROUGH
VERSION 14.0 OF THE MASTER BENEFICIARY RECORD

THIS IS A COMPLETE REPLACEMENT FOR ALL MBR - 7080 SPECIFICATIONS
PREVIOUSLY ISSUED

REPORT ANY INACCURACIES DISCOVERED IN THIS SPECIFICATION
BY SENDING A PHOTOCOPY OF THE EXISTING SPECIFICATION
PAGE(S) WITH THE CORRECTIONS CLEARLY MARKED TO:

OFFICE OF ENTERPRISE SUPPORT ARCHITECTURE & ENGINEERING (OESAE)
DIVISION OF DATA BASE SYSTEMS (DDBS)
DATA BASE SUPPORT BRANCH (DBSB)
TITLE II LOCAL DATA BASE ADMINISTRATOR (LDBA)
2-C-15 OPERATIONS BUILDING
EXTENSION 57630

PLEASE INCLUDE YOUR NAME AND EXTENSION IN CASE A FURTHER
EXPLANATION IS NEEDED

THIS REVISION CONTAINS THE FOLLOWING CHANGES:

IN RECORD CONTROL DATA - SEC. 01:

TWO NEW FIELDS (SPLIT RECORD INDICATOR & UPDATE TIME) ADDED
FILLER INCREASED

IN FIXED ACCOUNT DATA - SEC. 02:

FAD
INCREASE MAX VALUE IN NPIH FROM 30 TO 50
NEW FIELDS DEFINED TO SUPPORT RATES
NUMBER OF OCCURANCE INDICATORS FOR NEW GROUPS ADDED
CIS2 ELIMINATED; REPLACED BY NEW BYTE CODE FIELDS
OBSOLETE FIELDS DELETED

SINR DATA - REDEFINES FIXED ACCOUNT DATA

SINR
DELETION OF BLACK LUNG DATA

IN VARIABLE ACCOUNT DATA:

VSOP
CHANGE NAME FIELDS TO BE CONSISTENT WITH CHANGES IN BENEFIT
NAME FIELDS

SMD
ADDITIONAL OCCURRENCES OF SMD

COMD
NEW CENTRAL OFFICE MESSAGE DATA

AREP
NEW ACCOUNT LEVEL APPOINTED REPRESENTATION DATA

ARID
NEW ACCOUNT LEVEL APPOINTED REPRESENTATIVE DATA

PIH
ADDITIONAL OCCURRENCES OF PIH

INSD
GROUP IS BEING MOVED FROM BENE LEVEL TO ACCOUNT LEVEL
ACCOUNT LEVEL GROUP CONTAINS NEW AND REVISED FIELDS
AND OCCURS 1 TO 30 TIMES

IDET
NEW FIELDS TO SUPPORT RATES

WCAD
REPLACED BY NEW GROUPS AND WILL BE DELETED

FLIF
NEW GROUP TO SUPPORT RATES

DRC
NEW AND MODIFIED FIELDS TO SUPPORT RATES

ACE
NEW GROUP TO SUPPORT RATES

INIL
NEW GROUP TO SUPPORT RATES

PER
NEW GROUP TO SUPPORT RATES

WCPD
NEW GROUP TO SUPPORT RATES

IN FIXED PAYMENT DATA - SEC. 16

FPD
CHANGE MPA TO PACKED FORMAT
NEW ADDRESS DATE FIELDS DEFINED
CAD FIELD TO BE ELIMINATED

IN VARIABLE PAYMENT DATA:

BID
NEW VALUE IN SRCD FIELD

SPD
CHANGE SPA TO PACKED FORMAT

SCH
NEW FIELD ADDED FOR PMA PAYMENT DATE

ARFD

DELETED - OBSOLETE

WOD
CHANGE SEVERAL FIELDS TO PACKED FORMAT

TFAD
EXPAND TFAA FIELD TO ALLOW LARGER $ AMOUNTS TO MATCH SPA

BTD
BTN FIELD SIZE EXPANDED FOR FOREIGN TELEPHONE NUMBERS

IN FIXED BENEFIT DATA - SEC. 40:

FBD
CHANGE MONEY FIELDS TO PACKED FORMAT
NEW FIELDS DEFINED TO SUPPORT RATES
NEW FIELDS TO IDENTIFY OCCURRENCES OF NEW EE GROUPS
NEW RATES GROUPS AND NEW ATTORNEY FEE GROUP
NEW VALUE DEFINED FOR MMI FIELD

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

THE NEW FIELD BRI-ALERT-CODE WILL CONTAIN THE VALUES
FROM THE OLD LAC FIELD UNTIL THE BRI IN NOVEMBER 2003
AFTERWARDS IT WILL BECOME A 2 BYTE FIELD W/ NEW VALUES

IN VARIABLE BENEFIT DATA:

BSPA
DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BSCH
DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BISC
DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BVSC
DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

DRCD
DAFIS FIELD DELETED

FEAR
NEW GROUP - FEE ESTABLISHED FOR APPOINTED REPRESENTATION
OCCURS 1 - 10 TIMES

ENRD-OCC
DELETED - OBSOLETE

HITP
DELETION OF UNUSED FIELD

SMTP
INCREASE MAX OCCURS TO 26

GHP
   INCREASE MAX OCCURS TO 13

EGHP
   DELETED - OBSOLETE

MCR
   NEW GROUP FOR 606 LEGISLATION

MNSD
   DELETED - OBSOLETE

BOUD
   EXPAND DPO FIELD TO ALLOW LARGER $ AMOUNTS

DID
   DELETED - OBSOLETE

PRD
   EXPAND IRA FIELD TO ALLOW LARGER $ AMOUNTS

CPRD
   EXPAND DREA & OPRA FIELDS TO ALLOW LARGER $ AMOUNTS

DIB
   CHANGES FOR EE PROCESSING AND FOR MOVEMENT OF ACID
   FUNCTIONALITY TO CDRCF

BSPD
   DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BSCH
   DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BSIC
   DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BVCS
   DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BLD
   DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

BDD
   DELETED - DUPLICATION OF PAYMENT LEVEL GROUP

CSD
   NEW FIELD - WEP END DATE

HIST
   INCREASE MAX OCCURRENCES FROM 48 TO 72
   NEW FIELDS ADDED

GARD
   DELETED - NEVER USED

GBSD
   DELETED - NEVER USED

BCLM
   NEW GROUP FOR BENE CLAIM DATA

DENY
   NEW GROUP FOR DENIAL/DISALLOWANCE DATA

MARR
   NEW FIELDS FOR EE

CIC
   NEW GROUP FOR CHILD IN CARE DATA

WDTR
   NEW GROUP FOR CLAIM WITHDRAWAL TERMINATION

SRD
   NEW FIELDS FOR EE
   OBSOLETE FIELDS DELETED

ANND
   NEW FIELD - ANNUITY END DATE

ARD
   INCREASE MAX OCCURS TO 12
   NEW FIELDS TO SUPPORT RATES
   OBSOLETE FIELDS DELETED

OFD
   DELETED - OBSOLETE

WCED
   DELETED - OBSOLETE

WIM
   NEW GROUP - WIDOWS INCREMENT MONTHS TO SUPPORT RATES

AMOF
   NEW GROUP - AMOUNT OFFSET TO SUPPORT RATES
   OCCURS 1 - 60 TIMES

WRK
   NEW GROUP - WORK TO SUPPORT RATES OCCURS 1 - 36 TIMES

PROT
   NEW GROUP - PROTECTED PAYMENT DATA TO SUPPORT RATES
   OCCURS 1 - 10 TIMES

GPD
   NEW GROUP - GOVERNMENT PENSION DATA TO SUPPORT RATES
   OCCURS 0 - 3 TIMES

XRD
   NEW VALUES IN EXISTING FIELDS

HBAD
INCREASE MAX OCCURS TO 10

HPD
INCREASE MAX OCCURS TO 10

F. PROCESSING CONSIDERATIONS

-- PROCESSING CONSIDERATIONS
- BATCH USERS:

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

NON-MANDATORY GROUPS HAVE PRESENCE INDICATORS XXXX-IND
WHEN USING SUCH GROUPS
YOU MUST INTERROGATE THE INDICATOR
BEFORE USING THE DATA GROUP

EXAMPLE:
WHEN USING VSOP
YOU MUST INTERROGATE VSOP-IND
BEFORE USING VSOP

ALL MULTIPLY OCCURRING GOUPS HAVE OCCURRANCE COUNTERS NYYYY
WHEN USING SUCH GROUPS
YOU SHOULD ALWAYS CHECK THE OCCURRANCE COUNTER
BEFORE USING THE DATA

EXAMPLE:
WHEN USING PIH
YOU SHOULD CHECK NPIH
BEFORE USING PIH DATA

*** GROUPS DRAM, CTZN, AND LWPR HAD PRESENCE INDICATORS AND
MULTIPLE OCCURANCE COUNTERS IN V13 - REFERENCES TO THE
INDICATORS MUST BE REMOVED

*** GROUP INSD HAD A PRESENCE INDICATOR BUT NOW HAS A MULTIPLE
OCCURANCE COUNTER INSTEAD

*** GROUPS DRAM, CTZN, LWPR, AND INSD WERE ADDED BETWEEN REWRITES
AND LOCATED AT THE END OF THE RECORD BELOW THE COMMENT "OPEN
SPACE FOR FUTURE USE" IN V13

FOR V14: DRAM AND INSD HAVE BEEN MOVED TO ACCOUNT DATA; CTZN AND
LWPR ARE IN BENEFIT DATA

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

- ONLINE USERS:

DEC USERS
ABOUT RELATIVE DATES:

MBR USERS ARE ABLE TO SELECT CONVERSION ELEMENTS FOR
RELATIVE DATES DURING THE DECCING PROCESS.

CONVERSION FORMATS ARE:

RELATIVE DAYS
-- MMDDYY
-- MMDDCCYY
-- CCYYMMDD
-- BINARY REL MONTHS, PLUS DAY
AS STORED ON IDMS DATABASE

RELATIVE MONTHS
-- MMYY
-- MMCCYY
-- CCYYMM

RELATIVE YEARS
-- YY
-- CCYY

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

CONVERSIONS USING DATES WITHOUT THE CENTURY MAY CAUSE ERRONEOUS
DATE CONVERSIONS TO OCCUR!

FOR EXAMPLE:

01011946 IS ACCEPTED AS 010146
BUT WHEN PROCESSED USING ROUTINES WHICH ASSUME CENTURY
WILL ERRONEOUSLY CREATE A DATE EQUALLING 01012046

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

EXISTING RELATIVE DATES ARE NOW CONVERTIBLE:
---
* ALL EXISTING DATES ARE CURRENTLY CONVERTIBLE.

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

NON-MANDATORY GROUPS HAVE PRESENCE INDICATORS XXXX-IND
IF YOU ARE DECCING THE XXXX GROUP
YOU MUST DEC XXXX-IND

MULTIPLY OCCURRING GOUPS HAVE OCCURRANCE COUNTERS NYYYY
WHEN DECCING SUCH GROUPS
YOU MUST ALWAYS DEC NYYYY

*** GROUPS DRAM, CTZN, AND LWPR HAD PRESENCE INDICATORS AND
MULTIPLE OCCURANCE COUNTERS IN V13 - THE INDICATORS HAVE BEEN
REMOVED

*** GROUP INSD HAD A PRESENCE INDICATOR BUT NOW HAS A MULTIPLE
OCCURANCE COUNTER

*** GROUPS DRAM, CTZN, LWPR, AND INSD WERE ADDED BETWEEN REWRITES
AND LOCATED AT THE END OF THE RECORD

FOR V14: DRAM AND INSD HAVE BEEN MOVED TO ACCOUNT DATA; CTZN AND
LWPR ARE IN BENEFIT DATA

****
WARNING WARNING WARNING WARNING WARNING WARNING
****

PLEASE REPORT ANY CORRECTIONS TO DBSB/TITLE II LDBA
AS EXPLAINED IN SECTION C ABOVE

V14.0

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SECTION	TITLE	
000	INDEX	
001	RECORD CONTROL DATA	RECORD-CONTROL-DATA
002	FIXED ACCOUNT DATA	FAD
003	SYSTEMS INTERFACE RECORD	SINR
004	VITAL STATISTICS OF PRIMARY	VSOP
005	TOTALIZATION DATA	TLD
006	WIDOWS CARRY OVER REDUCTION DATA	WCRD
007	SPECIAL MESSAGE DATA 1	SMD1
008	SPECIAL MESSAGE DATA 2	SMD2
009	SPECIAL MESSAGE DATA 3	SMD3
010	SPECIAL MESSAGE DATA 4	SMD4
011	SPECIAL MESSAGE DATA 5	SMD5
012	SPECIAL MESSAGE DATA 6	SMD6
013	SPECIAL MESSAGE DATA 7	SMD7
014	SPECIAL MESSAGE DATA 8	SMD8
015	SPECIAL MESSAGE DATA 9	SMD9
016	SPECIAL MESSAGE DATA A	SMDA
017	CENTRAL OFFICE MESSAGE DATA 1	CMD1
018	CENTRAL OFFICE MESSAGE DATA 2	CMD2
019	CENTRAL OFFICE MESSAGE DATA 3	CMD3
020	CENTRAL OFFICE MESSAGE DATA 4	CMD4
021	CENTRAL OFFICE MESSAGE DATA 5	CMD5
022	PRIMARY INSURANCE HISTORY	PIH
023	HISTORICAL PAYMENT CYCLE DATA	HPCD
024	HISTORICAL ADDRESS DATA	HAD
025	DRAMS PRIOR PERIOD DISABILITY DATA	DRAM
026	NUMBERHOLDER FICTITIOUS LIFE BENEFIT DATA	FLIF
027	DELAYED RETIREMENT CREDIT DATA	DRC
028	AVERAGE CURRENT EARNINGS DATA - GROUP	ACE
029	NUMBERHOLDER INJURY/ILLNESS DATA - GROUP	INIL
030	PERIODIC PAYMENT DATA - GROUP	PER
031	INJURY ILLNESS DETERMINATION GROUP	IDET
032	WC/PDB OFFSET DATA - GROUP	WCPD
033	INSURED STATUS MET DATA GROUP	INSD
034	APPOINTED REPRESENTATION DATA GROUP	AREP
035	APPOINTED REPRESENTATIVE DATA GROUP	ARID
036	ACCOUNT AREA OPEN SPACE	ACCT-OPEN-INDS
037		
038	FIXED PAYMENT DATA	FPD
039	PAYMENT NAME AND ADDRESS LINE	PNA
040	OLD TRANSACTION DATA	OTRD
041	BANK INFORMATION DATA	BID
042	SPECIAL PAYMENT DATA	SPD
043	SCHEDULE PAYMENT DATA	SCH
044	WINDFALL OFFSET DATA	WOD
045	NONRECEIPT DATA	NRD
046	HOLD CHECK DATA	HLD
047	LUMP SUM PAYMENT DATA	LSPD
048	TRUST FUND ADJUSTMENT DATA	TFAD
049	BENEFICIARY'S TELEPHONE DATA	BTD

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SECTION	TITLE	
050	ZIP CODE FLAG DATA	ZPFL
051	ATTORNEY PAYMENT DATA	ATTY
052	FUTURE BANK INFORMATION DATA	FBNK
053	INSTALLMENT/UNDERPAYMENT SCHEDULE PAYMENT DATA	ISCH
054	VOLUNTARY TAX SCHEDULE PAY DATA	VSCH
055	PAYMENT NAME LEGEND DATA	PNAL
056	ADRESS PORTION OF PNA	ADDR
057	CITY NAME FROM LAST PNA LINE	CITY
058	STATE ABBREVIATION FROM LAST PNA LINE	STAB
059	COUNTRY NAME FROM FOREIGN ADDRESS PNA	CTRY
060	FOREIGN POSTAL ZONE FROM FOREIGH ADDRESS PNA	FPZ
061	PAYMENT AREA OPEN SPACE	PAMT-OPEN-INDS
062	FIXED BENEFICIARY DATA	FBD
063	STATE EXCHANGE DATA	SED
064	PREMIUM MAINTENANCE DATA	PMD
065	BENEFICIARY OVER/UNDERPAYMENT DATA	BOUD
066	REPRESENTATIVE PAYEE DATA	REPD
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MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	41	RECORD-CONTROL-DATA	RECORD CONTROL DATA	GROUP

DESCRIPTION
REFLECTS THE RECORD CONTROL DATA FOR THE 7080 MBR OR SINR RECORD SPECIFICATION. RECORD CONTROL DATA IS UPDATED BY SUBFIELD.

0	1	RIC	RECORD IDENTIFICATION CODE	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE TYPE OF MASTER BENEFICIARY RECORD.

POSSIBLE-VALUES
ON THE MBR RECORD:
B - TOTALS RECORD
N - NORTHERN MARIANA ISLAND (NMI) CLAIM-(NOT ACTIVATED)
P - PHUS-ONLY RECORD
R - ALL BENEFICIARIES AND PAYMENTS ON THIS RECORD ARE CANCELED - EQUIVALENT TO NIF (360 ONLY)
X - SYSTEMS INTERFACE RECORD
HYPHEN - REGULAR RECORD

ON THE PUT RECORD:
BLANK - USED FOR FINDER RECORDS MADE BY THE POSTENTITLEMENT (PE) JOB STREAMS OR PROGRAMS
A - USED FOR INFORMATION DIRECTED TO THE PRINT PROGRAM
E - USED FOR EXCEPTIONS MADE BY THE PE JOB STREAMS OR PROGRAMS
F - USED FOR RAILROAD RECORDS TO BE SENT TO HEALTH INSURANCE (HI)
G - RESERVED FOR THE UPDATE SYSTEM
K - USED FOR FEEDBACK RECORDS
U - USED FOR PUT RECORDS DIRECTED TO THE UPDATE
V - USED FOR TOTALS RECORDS
X - USED FOR EXCEPTIONS MADE BY THE UPDATE PROGRAM

ON THE LBI RECORD:
HEX E0 - MBR DATA DOES NOT FOLLOW THE FINDER
X - SYSTEMS INTERFACE RECORD
HYPHEN - REGULAR RECORD

ON THE TPTMBR RECORD:
P - A BENEFICIARY WHO HAS THIRD PARTY DATA ON EITHER MBR THAT HAS A CHANGE IN BENEFICIARY IDENTIFICATION CODE (BIC), LEDGER ACCOUNT FILE (LAF), HEALTH INSURANCE (PART A) OPTION CODE (HOC), SUPPLEMENTAL MEDICAL INSURANCE (PART B) OPTION CODE (SOC), SUPPLEMENTAL

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

MEDICAL INSURANCE (PART B) PREMIUM AMOUNT COLLECTIBLE (SPAC), PART B THIRD PARTY EFFECTIVE DATE (TEDS),PART B THIRD PARTY TERMINATION DATE (TTDS), PART A THIRD PARTY EFFECTIVE DATE (TEDH) OR PART A THIRD PARTY TERMINATION DATE (TTDH) AND THE SEARCH SORT CODE (SSC) AND SUB SEARCH SORT CODE (SSSC) DOES NOT EQUAL 'ST' OR THERE IS NO OPEN THIRD PARTY COVERAGE IN EITHER MASTER BENEFICIARY RECORD (MBR) AND THE CHANGE IS NOT TO TEDH, TTDH, TEDS, TTDS OR TO DATE OF SUSPENSION OR TERMINATION (DOST) IF THE CHANGE MAKES DOST LESS THAN TTDH OR TTDS

Q - ANY OF THE FOLLOWING CONDITIONS ARE MET:
THE NEW MBR CONTAINS A RAILROAD DATA SOURCE CODE (RLDC) UNEQUAL TO U AND EITHER A SECURITY INCOME STATUS CODE (SISC) OR THE LEFT TWO POSITIONS OF STATE AND COUNTY CODE OF RESIDENCE (SCCR) THAT ARE UNEQUAL TO THE SAME POSITIONS ON THE OLD MBR AND THE RECORD IDENTICIATION CODE (RIC) IS X
THE NEW MBR CONTAINS A RLDC EQUAL TO U AND A SISC EQUAL TO C, E OR S AND A RIC OF X AND THE MBR PRIOR TO UPDATE HAS RLDC EQUAL TO U
THE NEW MBR CONTAINS A LAF UNEQUAL TO T1 OR X1 AND A RLDC UNEQUAL TO U AND A RIC UNEQUAL TO X AND EITHER A SISC OR THE LEFT TWO POSITIONS OF SCCR WHICH ARE UNEQUAL TO THE SAME POSITIONS OF THE OLD MBR
THE NEW MBR CONTAINS A LAF OTHER THAN T1 OR X1 AND A RLDC UNEQUAL TO U AND A SISC OF C, E OR S AND A RIC UNEQUAL TO X AND THE OLD MBR HAD A RLDC EQUAL TO U
A FINDER WITH A SSC OF 0 AND A SSSC OF J

R - ANY OF THE FOLLOWING CONDITIONS EXIST:
THE NEW MBR HAS NEITHER A HOC NOR SOC WHICH EQUALS C,F, P OR S AND A SPAC GREATER THAN ZERO AND A LAF OF A9, C, D, S OR U AND EITHER A SISC OR THE HIGH ORDER POSITIONS OF SCCR ARE NOT EQUAL TO THE SAME POSITIONS ON THE OLD MBR
THE NEW MBR'S HOC OR SOC DOES NOT EQUAL C, F, P OR S AND HAS A SPAC GREATER THAN ZERO AND A SISC OF C, E OR S AND A LAF OF A9, C, D OR U AND THE OLD MBR HAS A LAF OTHER THAN A9, C, D, S OR U
THE NEW MBR HAS A LAF OF A9, C, D, S OR U AND A SPAC GREATER THAN ZERO AND A SISC OF C, E OR S AND A HOC AND A SOC NEITHER OF WHICH IS EQUAL TO C, F, P, S AND EITHER THE HOC OR SOC PRIOR TO UPDATE WERE EQUAL TO C, F, P, S OR NO HOC OR SOC WERE PRESENT

ON THE HDURIC RECORD:

A - GENERATED UNIVERSAL RECORD IDENTIFICATION CODE
ON THE OCMUSTR RECORD:

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			M - A DATA RECORD Y - A DATA RECORD ON THE OCSORUP (ROAR) FILE: A -- ACCOUNT RECORD GENERATED BY OCUPAST B -- INQUIRY FROM CENTRAL OFFICE, DISTRICT OFFICE, OR PROGRAM CENTER (TRANSACTION CODE 97, 98, 99) C -- TRANSFER TO ANOTHER PROGRAM CENTER (TC 82) E -- 1) REMITTANCE (TC 30) WITH A PREDETERMINED EXCEPTION CONDITION OR ARTO RELATED INDICATOR 2) MANUALLY ENTERED REMITTANCE ON DAY 1 (TC 31) 3) ARTO INPUT (TC 33) 4) CONTROL RECORD DELETION/CORRECTION X -- PROCESSING TOTALS RECORD FROM OCPAPR Y -- PROCESSING TOTALS RECORD FROM IEDUDEX $ -- CASH TOTALS RECORD M -- ALL OTHER OCSORUP RECORDS	
1	4	RLNG	RECORD LENGTH	PACKED
5	1	OC	OFFICE CODE	NUMERIC
			DESCRIPTION DEFINITION REPRESENTS THE PROGRAM SERVICE CENTER CODE. POSSIBLE-VALUES 1 - NORTHEASTERN PROGRAM SERVICE CENTER (NEPC) 2 - MID-ATLANTIC PROGRAM SERVICE CENTER (MATPC) 3 - SOUTHEASTERN PROGRAM SERVICE CENTER (SEPC) 4 - GREAT LAKES PROGRAM SERVICE CENTER (GLPC) 5 - WESTERN PROGRAM SERVICE CENTER (WNPC) 6 - MID-AMERICA PROGRAM SERVICE CENTER (MAMPC) 7 - OFFICE OF DISABILITY OPERATIONS (ODO) 8 - DIVISION OF INTERNATIONAL OPERATIONS (DIO), OPSC	
6	9	CAN	CLAIM ACCOUNT NUMBER	NUMERIC
			DESCRIPTION DEFINITION THE CLAIM ACCOUNT NUMBER.	
15	2	RECVNO	RECORD VERSION NUMBER	NUMERIC
			DESCRIPTION WHEN THE LENGTH OF THE MBR SPREAD AREA CHANGES THE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			RECORD VERSION NUMBER IS INCREMENTED. EFFECTIVE COM APRIL, 2004 THE RECORD VERSION NUMBER IS '14'	
17	1	SUBVER	SUB-VERSION NUMBER	CHARACTER
			DESCRIPTION OPERATIONAL CONSIDERATIONS WHEN THE MASTER BENEFICIARY RECORD CHANGES, IF THE SPREAD LENGTH CHANGES THE VERSION NUMBER IS INCREMENTED. IF THE THERE IS NO CHANGE IN THE PHYSICAL LENGTH BUT THERE IS A CONTENT CHANGE, (THE DATA REPRESENTED IN THE RECORD CHANGES FOR EXAMPLE: A FIELD THAT WAS A FILLER IS NOW BEING USED TO HOUSE DATA OR THE COMPRESSION TECHNIQUE CHANGES), THE SUB-VERSION NUMBER IS INCREMENTED.	
18	3	PHUSLNG	PAYMENT HISTORY UPDATE DATA LENGTH	PACKED
			DESCRIPTION DEFINITION REFLECTS THE LENGTH OF THE PAYMENT HISTORY UPDATE SYSTEM (PHUS) DATA.	
21	6	ORBFLDS	MBR-ON-DISK ORBIT INDICATORS	GROUP
21	1	MUS-INDEX	MASTER UPDATE SYSTEM INDEX	CHARACTER
			DESCRIPTION DEFINITION INDICATES THE NUMBER OF TIMES AN ACCOUNT HAS BEEN UPDATED SINCE THE LAST TIME THIS POSITION WAS ZEROED. THE POSITION SHOULD REVERT BACK TO ZERO WHENEVER THE 'BENEFIT RATE INCREASE' (BRI) OPERATION RUNS OR ANY OTHER TIME THE MASTER FILE IS REINITIALIZED TO ZERO. DUMAS GENERATES THE MUS-INDEX. POSSIBLE-VALUES BINARY 01-20	
22	1	MUS-OPEN	MUS-OPEN	CHARACTER
			DESCRIPTION DEFINITION HELD OPEN FOR FUTURE USE BY PHUS	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
23	1	ORBLAP	ORBIT LAST ACTION PROCESSED	CHARACTER

DESCRIPTION
DEFINITION
THE SSC OF THE LAST ORBIT ITEM PROCESSED

24	1	ORBUMI	UPDATE MONTH INDICATOR	CHARACTER
25	1	ORBPM	ORBIT PROCESSING MONTH	CHARACTER
26	1	ORBBIT	MBR-ON-DISK ORBIT INDICATORS	CHARACTER

POSSIBLE-VALUES
B BIT - 0 ALL THE TIME
A BIT - 0 ALL THE TIME
8 BIT - 0 ALL THE TIME
4 BIT - 1 IF OLD ZIP (OTRD) PRESENT
2 BIT - 1 IF CMA DATA (SCH) PRESENT
1 BIT - KILL CREDIT RECORD

27	1	PCI	PAYMENT CYCLE INDICATOR	CHARACTER

DESCRIPTION
REPRESENTS THE CURRENT PAYMENT CYCLE FOR THIS ACCOUNT
PAYMENT CYCLE DATA WAS ACTIVATED 12/96.

POSSIBLE-VALUES
1 - PAYMENT CYCLE 1 - PAYMENTS DELIVERED ON THE 3RD)
2 - PAYMENT CYCLE 2 - PAYMENTS DELIVERED ON SECOND WEDNESDAY OF THE MONTH)
3 - PAYMENT CYCLE 3 - PAYMENTS DELIVERED ON THIRD WEDNESDAY OF THE MONTH)
4 - PAYMENT CYCLE 4 - PAYMENTS DELIVERED ON FOURTH WEDNESDAY OF THE MONTH)

28	3	PCEFD	PAYMENT CYCLE EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYYYY) OF PAYMENT CYCLE EFFECTIVE DATE
REPRESENTS THE RUN PROCESSING DATE (RPD) THAT THE PAYMENT CYCLE WAS ESTABLISHED OR CHANGED. THIS DATE WILL BE GENERATED ON THE MBR BY DUMAS.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
31	3	PCCOM	PAYMENT CYCLE CURRENT OPERATING MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYYYY) OF PAYMENT CYCLE CURRENT OPERATING MON
REPRESENTS THE COM IN WHICH THE PAYMENT CYCLE WAS ESTABLISHED
OR CHANGED. THIS DATE WILL BE GENERATED ON THE MBR BY DUMAS.

34	1	PCCR	PAYMENT CYCLE CHANGE REASON	CHARACTER

DESCRIPTION
REPRESENTS THE REASON THAT THE PAYMENT CYCLE WAS ESTABLISHED
OR CHANGED.

POSSIBLE-VALUES
E - ENTITLEMENT PRIOR TO IMPLMENTATION OF PYMT CYCLING
(INITIAL SATURATION)
F - FOREIGN
G - GARNISHMENT (PDD FIELD IS PRESENT)
I - INITIAL AWARD
N - NO DOB FOR WAGE EARNER ON MBR
O - OTHER ENTITLEMENT
P - PRIOR CYCLE EXISTS ON ANOTHER RECORD
(MULTIPLE ENTITLEMENT INVOLVED)
R - RAILROAD BOARD (LAF = E)
S - SSI INVOLVEMENT (SISC IS OTHER THAN PC OR D; AND THE
LAF IS C,D, OR S)
T - THIRD PARTY BUY-IN
V - VOLUNTARY REQUEST
2 - FORMERLY SSI
3 - FORMERLY THIRD PARTY BUY-IN
6 - FORMERLY FOREIGN
7 - FORMERLY GARNISHMENT
9 - FORMERLY RRB

35	5	UPD-TIME	UPD-TIME	CHARACTER

DESCRIPTION
DEFINITION
DATE/TIME THE MBR WAS UPDATED ONLINE.

40	1	SPLITRCD	SPLITRCD	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION	
			DEFINITION	
			THIS DATA ELEMENT WILL BE PROCESSED BY GIPOPMBR AND WILL BE TRANSPARENT TO APPLICATIONS. NO APPLICATION SHOULD ATTEMPT TO REFERENCE OR CHANGE THIS FIELD.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	61	FAD	FIXED ACCOUNT DATA	GROUP

DESCRIPTION
THIS INFORMATION CONSISTS OF DATA RELATED TO THE ENTIRE MBR RECORD AND OF FIELDS WHICH INDICATE THE PRESENCE AND/OR NUMBER OF OCCURRENCES OF FIELDS IN THE VARIABLE ACCOUNT SECTION OF THE MBR.
FAD IS UPDATED BY SUBFIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	61	ACCTDATA	ACCOUNT DATA	GROUP
0	3	LMM	LAST MONTH MODIFIED	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF LAST MONTH MODIFIED
LMM REPRESENTS THE MONTH AND YEAR OF THE LAST MONTH MODIFIED. THE LMM IS GENERATED BY DUMAS WHENEVER THERE IS AN UPDATE TO THE MBR. DUMAS GENERATES AN LMM EQUAL TO THE CURRENT OPERATING MONTH (COM) WHENEVER AN UPDATE TO THE MBR OCCURS. EFFECTIVE WITH TITLE 2 RELEASE 3 THIS DATA FIELD ALSO IDENTIFIES THE MONTH THAT AN UPDATE HAS BEEN SENT TO THE ONLINE NOTICE RETRIEVAL SYSTEM (ONRS).

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	1	LUM	LAST MONTH OF UPDATE	CHARACTER

DATE-FORMAT
ALPHA MONTH (A - L) = (01 - 12)

DESCRIPTION
PROCESSING INFORMATION
LUM REPRESENTS THE LAST MONTH FOR WHICH THIS MBR WAS UPDATED BY DUMAS OR WAS PROCESSED THROUGH THE MONTHLY MERGE (INCLUDES SPECIAL MERGES FOR BRI AND MBR REWRITES). THE LUM IS GENERATED BY DUMAS AND THE MONTHLY MERGE. DUMAS MOVES THE PUT UMI (COM OR COM+1) TO THE LUM WHENEVER THERE IS AN UPDATE TO THE MBR.
THE MONTHLY MERGE (INCLUDING SPECIAL MERGES) MOVES THE CURRENT MONTH TO THE LUM. THE LUM IS GENERATED WHENEVER THERE IS AN UPDATE ACTION. THE LUM IS ALSO GENERATED (ON ALL MBR'S) WHENEVER THERE IS A BRI OR AN MBR REWRITE.
THE LUM ON THE MBR CAN CONTAIN:

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			- A PAST MONTH - THE CURRENT OPERATING MONTH (COM) - THE CURRENT OPERATING MONTH +1 (FOR CAN'T MEET ACTIONS)	
4	1	TAC	TYPE OF AWARD CODE	CHARACTER
			DESCRIPTION TAC IS USED FOR TRUSTFUNDING WHEN BENEFITS ARE BEING PAID ON A RECORD. POSSIBLE-VALUES B BIT - 1 ALL THE TIME A BIT - 1 IF LUMP SUM PAID 8 BIT - 0 ALL THE TIME 4 BIT - 1 IF SURVIVOR AWARD 2 BIT - 1 IF INTERIM AWARD 1 BIT - 1 IF CURRENT DISABILITY INSURANCE BENEFIT (DIB) AWARD	
5	2	ANOP	NUMBER OF PAYMENTS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
7	2	NPIH	NUMBER OF PRIMARY INSURANCE HISTORY FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 50	
9	1	NHPCD	NUMBER OF HISTORICAL PAYMENT CYCLE DATA GROUP OCCURRENCES	NUMERIC
			POSSIBLE-VALUES RANGE 0-9	
10	2	NHAD	NUMBER OF HISTORICAL ADDRESS FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF HISTORICAL ADDRESS (HAD) FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 20	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
12	1	NDRAM	NUMBER OF DRAM DATA FIELDS	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE NUMBER OF DRAM DATA FIELDS PRESENT

POSSIBLE-VALUES
RANGE 0 THRU 4 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS

13	2	NFLIF	NUMBER OF OCCURRENCES OF NH FICTITOUS LIFE MBAS	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 72

15	1	NDRC	NUMBER OF DELAYED RETIREMENT CREDIT DATA GROUP OCCURRENCES	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 8

16	2	NACE	NUMBER OF ACE DATA GROUP OCCURRENCES	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 24

18	1	NINIL	NUMBER OF INJURY/ILLNESS DATA GROUP OCCURRENCES	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 4

19	1	NIDET	NUMBER OF INJURY/ILLNESS DETERMINATIONS DATA GROUP OCCURRENCES	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 4

20	2	NPER	NUMBER OF PERIODIC DATA GROUP OCCURRENCES	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 72

22	2	NWCPD	NUMBER OF WCPD DATA GROUP OCCURRENCESIELDS	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 72

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
24	2	NINSD	NUMBER OF INSD DATA GROUP OCCURRENCES	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 30	
26	2	NAREP	NUMBER OF AREP DATA GROUP OCCURRENCES	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
28	2	NARID	NUMBER OF ARID DATA GROUP OCCURRENCES	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 60	
30	1	NMI-IND	NORTHERN MARIANA ISLAND INDICATOR	CHARACTER
			DESCRIPTION INDICATOR TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP	
			POSSIBLE-VALUES Y - NORTHERN MARIANA ISLAND CASE BLANK - DOES NOT APPLY	
31	1	MSSR-APPLIES	MINIMUM SOLE SURVIVOR INDICATOR	CHARACTER
			DESCRIPTION INDICATOR SET WHEN SOLE SURVIVOR BENEFIT IS BEING PAID	
			POSSIBLE-VALUES Y - BENEFICIARY IS RECEIVING A SOLE SURVIVOR RATE BLANK - DOES NOT APPLY	
32	1	SSI-RECIPIENT	SUPPLEMENTAL SECURITY INCOME RECIPIENT	CHARACTER
			DESCRIPTION SET WHEN SSI RECIPIENT IS PRESENT ON ACCOUNT	
			POSSIBLE-VALUES Y - SSI RECIPIENT ON THE ACCOUNT BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
33	1	DRAMS-READ	DRAMS READ	CHARACTER

DESCRIPTION
SET TO PREVENT UNNECESSARY MULTIPLE READS OF DRAMS FILE

POSSIBLE-VALUES
Y - DRAMS FILE WAS READ FOR THIS ACCOUNT
BLANK - DOES NOT APPLY

34	1	DATA-PURE	DATA-PURE	CHARACTER

DESCRIPTION
SET WHEN MBR WAS CHANGED BY DATA PURIFICATION

POSSIBLE-VALUES
Y - RECORD CHANGED BY DATA PURIFICATION
BLANK - DOES NOT APPLY

35	1	INACTIVE-ACCT	INACTIVE ACCOUNT	CHARACTER

DESCRIPTION
SET WHEN ALL BENES ARE INACTIVE OR ONLY PIC IS G

POSSIBLE-VALUES
Y - ALL BENEFICIARIES IN ACCOUNT ARE INACTIVE
OR THE ONLY PIC ON THE ACCOUNT IS G
BLANK - DOES NOT APPLY

36	1	SAI1-IND	SPECIAL ACTION INDICATOR 1	CHARACTER

DESCRIPTION
THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED.

POSSIBLE-VALUES
Y
BLANK

37	1	SAI2-IND	SPECIAL ACTION INDICATOR 2	CHARACTER

DESCRIPTION
THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED.	
			POSSIBLE-VALUES Y BLANK	
38	1	SAI3-IND	SPECIAL ACTION INDICATOR 3	CHARACTER
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED.	
			POSSIBLE-VALUES Y BLANK	
39	1	SAI4-IND	SPECIAL ACTION INDICATOR 4	CHARACTER
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED.	
			POSSIBLE-VALUES Y BLANK	
40	1	SAI5-IND	SPECIAL ACTION INDICATOR 5	CHARACTER
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED.	
			POSSIBLE-VALUES Y BLANK	
41	1	SAI6-IND	SPECIAL ACTION INDICATOR 6	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED. POSSIBLE-VALUES Y BLANK	
42	1	SAI7-IND	SPECIAL ACTION INDICATOR 7	CHARACTER
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED. POSSIBLE-VALUES Y BLANK	
43	1	SAI8-IND	SPECIAL ACTION INDICATOR 8	CHARACTER
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED. POSSIBLE-VALUES Y BLANK	
44	1	SAI9-IND	SPECIAL ACTION INDICATOR 9	CHARACTER
			DESCRIPTION THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED. POSSIBLE-VALUES Y BLANK	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
45	1	SAI10-IND	SPECIAL ACTION INDICATOR 10	CHARACTER

DESCRIPTION
THIS FIELD WILL BE USED TO PREVENT T2R FROM REWORKING THESE CASES INCORRECTLY. THESE CASES SHOULD BE PROCLIMS FROM THE UTILITIES, AS APPROPRIATE. CAN BE USED AS BYPASS CRITERIA FOR DUMAS AND MADCAP, AS NEEDED.

POSSIBLE-VALUES
Y
BLANK

46	1	CIS1	COMPUTATION AND INSURED STATUS CODE ONE	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - 1 IF FOLDER REFERENCE REQUIRED
8 BIT - 1 IF DISABILITY FREEZE INVOLVED
4 BIT - 1 IF NEW START COMPUTATION USED
2 BIT - 1 IF WORKERS COMPENSATION/MEGACAP OFFSET HAS EVER BEEN INVOLVED
1 BIT - NOT IN USE

47	1	SROP	SEX AND RACE OF PRIMARY	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - 1 IF MALE SEX
8 BIT - 1 IF FEMALE SEX
4 BIT - 1 IF OTHER RACE
2 BIT - 1 IF BLACK RACE
1 BIT - 1 IF WHITE RACE

48	1	SCIC1	SELECTED CLAIMS INPUT CODE ONE	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - LUMP SUM AWARD ACCRETED THIS MONTH
8 BIT - 0 ALL THE TIME
4 BIT - 1 IF FEDERAL EMPLOYMENT Q.C. CURRENTLY DEEMED
2 BIT - 1 IF FEDERAL EMPLOYMENT QUARTERS OF COVERAGE (Q.C.)
1 BIT - 1 IF POTENTIAL BENEFICIARY ENTITLEMENT

49	1	SCIC2	SELECTED CLAIMS INPUT CODE TWO	CHARACTER

POSSIBLE-VALUES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			B BIT - 1 IF EBO (EASY BACK ON) PROVISIONAL PAYMENTS INVOLVED (IMPLEMENTED 2/01) A BIT - 1 IF CRITICAL CASE 8 BIT - 1 PROVISIONAL PAYMENTS (ACTIVATED 2/2001) 4 BIT - NOT IN USE 2 BIT - 1 IF AGE 62 RECALCULATION PENDING 1 BIT - NOT IN USE	
50	1	LSEC	LUMP SUM ENTITLEMENT CODE POSSIBLE-VALUES B BIT - 1 ALL THE TIME A BIT - 1 IF SURVIVOR MONTHLY BENEFITS APPLIED FOR WITH LUMP SUM APPLICATION 8 BIT - 0 ALL THE TIME 4 BIT - 1 IF DISABILITY BENEFIT HAS EVER BEEN CONVERTED TO RETIREMENT BENEFIT AT AGE 65 ON THIS ACCOUNT 2 BIT - 1 IF RETIREMENT BENEFIT HAS EVER BEEN ACCRETED TO THIS ACCOUNT 1 BIT - 1 IF DISABILITY BENEFIT HAS EVER BEEN ACCRETED TO THIS ACCOUNT	CHARACTER
51	1	ACI	ACCOUNT CONVERSION INDICATOR DESCRIPTION THIS FIELD WILL BE USED TO IDENTIFY UNFORSEEN CONVERSION PROBLEMS. VALUES WILL BE DETERMINED WHEN PROBLEMS ARE ENCOUNTERED. POSSIBLE-VALUES A - UNPROCESSED BENEFIT CONVERSION AND/OR RATE ADJUSTMENT T2R AND MCS. MAY ONLY BE REMOVED BY MADCAP.	CHARACTER
52	1	RCC	RECOMPUTATION CODE POSSIBLE-VALUES }, J THRU R - PRIMARY INSURANCE AMOUNT (PIA) IS NOT SUBJECT TO AUTOMATIC RECOMPUTATION BECAUSE OF AN ADMINISTRATIVE FINALITY DECISION 0 - ADJUSTMENT OF REDUCTION FACTOR ONLY 1 - RECOMPUTATION TO INCLUDE MILITARY SERVICE CREDITS AFTER 1956 2 - 1965 AND/OR 1967 RECOMPUTATION 3 - RECOMPUTATION TO INCLUDE MILITARY SERVICE CREDITS BEFORE 1957 AND AFTER 1956 4 - REDETERMINATION OF WORKERS COMPENSATION OFFSET	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

5 - ALL RECOMPUTATIONS NOT DESCRIBED SEPARATELY
6 - DISABILITY FREEZE RECALCULATION
7 - RECOMPUTATION TO INCLUDE MILITARY SERVICE CREDITS
8 - NOT USED TO DESCRIBE A RECOMPUTATION/ RECALCULATION BEFORE 1957
9 - ADJUSTMENT NOT DUE TO A RECOMPUTATION
SPACE - DEFAULT VALUE FOR DATA-PURIFICATION:

53 2 ERC EARNINGS RECOMP CYCLE PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
THE YEAR OF EARNINGS RECOMP CYCLE (YY)

55 1 MIL MILITARY CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE TYPE OF MILITARY SERVICE CREDITS.

POSSIBLE-VALUES
BLANK - MILITARY INFORMATION UNKNOWN OR NOT APPLICABLE
A - JAPANESE INTERNMENT CREDITS USED TO PROVIDE INSURED STATUS AND/OR TO INCREASE PRIMARY INSURANCE AMOUNT (PIA)
B - JAPANESE INTERNMENT CREDITS CONSIDERED BUT NOT USED
C - SERVICE CREDITS PRECLUDED FOR REASONS OTHER THAN FEDERAL BENEFITS
D - SERVICE CREDITS PRIOR TO 1957 NOT NEEDED FOR INSURED STATUS, BUT WERE USED TO INCREASE PIA
E - SERVICE CREDITS PRIOR TO 1957 USED TO INCREASE PIA
F - SERVICE CREDITS PRECLUDED BY FEDERAL BENEFITS
I - SERVICE CREDITS AFTER 1956 USED TO INCREASE PIA
K - INVALID CODE ENTERED
M - SERVICE CREDITS AFTER 1956 USED TO PROVIDE INSURED STATUS
N - SERVICE CREDITS CONSIDERED BUT NOT USED (** FOR CAPS AND MCS: 'SERVICE CREDITS BEFORE 1957 ESTABLISHED, BUT CREDITS NOT NEEDED FOR INSURED STATUS AND NOT USED TO INCREASE PIA')
P - INSURED AND SERVICE CREDITS PRIOR TO 1957 PRECLUDED
S - SERVICE CREDITS FROM BOTH PRIOR TO 1957 AND AFTER 1956 USED TO INCREASE PIA
U - SERVICE CREDITS PRIOR TO 1957 NEEDED FOR INSURED

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			STATUS Z - INSURED AND POST-1956 SERVICE CREDITS, BUT NO PRE-1957 CREDITS, WERE EARNED 8 - MILITARY SERVICE USED, BUT INSURED STATUS NOT ESTABLISHED	
56	1	RRC	RAILROAD CODE POSSIBLE-VALUES BLANK - RAILROAD INFORMATION UNKNOWN OR NOT APPLICABLE A - RAILROAD ANNUITANT (ANN) D - RAILROAD SURVIVOR ANNUITANT (SUR) E - ELIGIBLE FOR BUT NOT ENTITLED TO A RAILROAD ANNUITY (ELG) H - INDIVIDUAL HAS 120 RAILROAD SERVICE MONTHS OR MORE (120) (NOTE: THIS VALUE WAS NEVER ACTIVATED ON THE MBR) M - RESIDUAL PAYMENT; RAILROAD ELECTION MADE (ELM) N - RAILROAD EARNINGS NOT USED (INV) R - RESIDUAL PAYMENT; NO RAILROAD ELECTION MADE (NEL) S - RAILROAD SPOUSE ANNUITANT (SPO) U - RAILROAD EARNINGS USED (RCU) Y - RAILROAD EARNINGS USED BUT DID NOT ESTABLISH INSURED STATUS	CHARACTER
57	1	PODF	PROOF OF DEATH FURNISHED CODE POSSIBLE-VALUES BLANK - NOT KNOWN OR NOT APPLICABLE C - DATE OF DEATH DERIVED BY THE MBR CONVERSION TO V14 X - NUMIDENT DEATH DATA EXCHANGE P - PROOF OF DEATH FURNISHED N - NOT PROVEN	CHARACTER
58	1	FLI	FOLDER LOCATION INDICATOR POSSIBLE-VALUES A THRU L - FEDERAL RECORDS CENTER ACTIVE FILES M - MERGED FILES N THRU Z - FEDERAL RECORDS CENTER ACTIVE FILES 1 THRU 9 - FEDERAL RECORDS CENTER ACTIVE FILES X - DESTROYED	CHARACTER
59	1	CDY	CHILD CARE DROPOUT YEARS DESCRIPTION	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DEFINITION REFLECTS THE NUMBER OF CHILD CARE DROP-OUT YEARS (CDY) THAT WERE ADDED TO THE DROP-OUT YEARS IN COMPUTING A DISABILITY PRIMARY INSURANCE AMOUNT (PIA) FOR A WAGE EARNER WHO HAS A DATE OF ENTITLEMMENT CODE (DOEC) OF 7/81 OR LATER. POSSIBLE-VALUES BLANK - UNKNOWN OR NOT APPLICABLE RANGE 0 THRU 3 - NUMBER OF CHILD CARE DROP-OUT YEARS (CDY) ADDED TO DROP-OUT YEARS	
60	1	EMS	ELIMINATION MINIMUM STATUS	CHARACTER
			DESCRIPTION DEFINITION REFLECTS SPECIAL INFORMATION ABOUT CERTAIN BENEFICIARIES AFFECTED BY THE 1981 LEGISLATION THAT ELIMINATED THE MINIMUM BENEFIT ON NEW AWARDS. POSSIBLE-VALUES P - VOW OF POVERTY APPLIES TO THE ACCOUNT/CLAIM	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	28	SINR	SYSTEMS INTERFACE RECORD	GROUP

DESCRIPTION
ON THE 7080 MBR, SYSTEMS INTERFACE DATA REDEFINES ACCTDATA WHEN THE 'RIC' = 'X'.

0	3	ILMM	INTERFACE LAST MONTH MICROFILMED	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF INTERFACE LAST MONTH MICROFILMED

3	1	IDC	INTERFACE DATA CODE	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - 1 IF SECURITY INCOME DATA (SID) PRESENT
8 BIT - 1 IF CIVIL SERVICE DATA PRESENT
4 BIT - NOT IN USE
2 BIT - 1 IF RAILROAD DATA PRESENT
1 BIT - HELD OPEN

4	1	INC1	INTERFACE CODE ONE	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - 1 IF SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENT
8 BIT - 0 ALL THE TIME - OPEN FOR NATL DEBT MGMT USE
4 BIT - NOT IN USE
2 BIT - NOT IN USE
1 BIT - 1 IF RAILROAD RETIREMENT BENEFICIARY

5	1	INC2	INTERFACE CODE TWO	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - 1 IF CIVIL SERVICE RETIREMENT BENEFICIARY
8 BIT - 0 ALL THE TIME
4 BIT - 1 IF TITLE XIX CLAIM
2 BIT - 1 IF SOCIAL SECURITY NUMBER (SSN) IS A MULTIPLE ACCOUNT NUMBER
1 BIT - 1 IF SPEC TREAS PMT AUTHORIZED BY TITLE XVI

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	9	BPN	BENEFIT PAYMENT NUMBER	CHARACTER

DESCRIPTION
DEFINITION
REFLECTS THE NUMBER UNDER WHICH PAYMENT IS MADE IN THE FOLLOWING SEQUENCE:

A. TITLE II CLAIM NUMBER WHERE A BIT, 4 BIT AND 2 BIT OF INTERFACE DATA CODE (IDC) IS SET TO ZERO (0);

B. SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS CLAIM NUMBER FOR SSI ONLY CLAIMS;

D. RAILROAD NUMBER (MAY CONTAIN ALPHA CHARACTERS).

OPERATIONAL CONSIDERATIONS
NINE (9) ASTERISKS (**) IN BPN INDICATES THAT THE ENTIRE SYSTEMS INTERFACE RECORD (SINR) IS TO BE DELETED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
15	2	IBIC	INTERFACE BENEFICIARY IDENTIFICATION CODE	CHARACTER

DESCRIPTION
DEFINITION
TITLE II CLAIMS:
REFLECTS THE MASTER BENEFICIARY RECORD (MBR) BENEFICIARY IDENTIFICATION CODE (BIC).

SUPPLEMENTAL SECURITY INCOME (SSI) CLAIMS:
REFLECTS AN 'S' FOLLOWED BY SECURITY INCOME FILE TYPE (SIFT); (THE SIFT IS CONVERTED TO A TWO (2) POSITION NUMERIC).

RAILROAD CLAIMS:
REFLECTS AS MANY ZEROS AS ARE NECESSARY TO FOLLOW THE BENEFICIARY PAYMENT NUMBER (BPN) AS IT EXTENDS INTO IBIC.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
17	3	IDOB	INDIVIDUAL'S DATE OF BIRTH	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF INDIVIDUAL'S DATE OF BIRTH

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
20	1	IFI	INTERFACE FIRST INITIAL	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION DEFINITION REFLECTS THE INTERFACE INDIVIDUAL'S FIRST INITIAL.	
21	1	IMI	INTERFACE MIDDLE INITIAL	CHARACTER
			DESCRIPTION DEFINITION REFLECTS THE INTERFACE INDIVIDUAL'S MIDDLE INITIAL.	
22	6	ILN	INTERFACE LAST NAME	CHARACTER
			DESCRIPTION DEFINITION REFLECTS THE FIRST SIX POSITIONS OF THE INTERFACE INDIVIDUAL'S LAST NAME.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	65	VSOP	VITAL STATISTICS OF PRIMARY	GROUP
			DESCRIPTION VSOP IS UPDATED BY COMPLETE REPLACEMENT (EFFECTIVE COM 8/86). ASTERISKS (*) IN THE ENTIRE FIELD WILL DELETE VSOP.	
0	15	VSOP-FNP	FIRST NAME OF PRIMARY	CHARACTER
15	15	VSOP-MNP	MIDDLE NAME OF PRIMARY	CHARACTER
30	20	VSOP-LNP	LAST NAME OF PRIMARY	CHARACTER
50	4	VSOP-SNP	SUFFIX NAME OF PRIMARY	CHARACTER
54	3	DOBP	DATE OF BIRTH OF PRIMARY	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF DATE OF BIRTH OF PRIMARY	
57	3	DODP	DATE OF DEATH OF PRIMARY	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MYY) OF DATE OF DEATH OF PRIMARY	
60	5	LSPA	LUMP SUM PAID AMOUNT	NUMERIC
			MONEY-FORMAT $$$CC	
			DESCRIPTION REPRESENTS THE TOTAL AMOUNT OF LS PAYMENT/ PAYMENTS ON THIS ACCOUNT	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	TLD	TOTALIZATION DATA	GROUP

DESCRIPTION
UPDATED AS A COMPLETE REPLACEMENT FIELD.
ASTERISKS (*) IN THE ENTIRE FIELD WILL DELETE TLD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	TSC	TOTALIZATION STATUS CODE	CHARACTER

DESCRIPTION
DEPENDENCIES
GERMAN AGREEMENT: ENTITLEMENT WITH UNITED STATES (U.S.)
EARNINGS ALONE PRECLUDES TOTALIZED BENEFITS.
ITALIAN AGREEMENT: TOTALIZED BENEFITS POSSIBLE
EVEN IF U.S. EARNINGS PRODUCE ENTITLEMENT (DISALLOWANCE).

POSSIBLE-VALUES
AWARDS:
A1 - INSURED ONLY WITH FOREIGN EARNINGS
A2 - INSURED ONLY WITH FOREIGN EARNINGS GUARANTEED MINIMUM DISALLOWANCES
A3 - INSURED ONLY WITH FOREIGN COVERAGE - TOTALIZED RECORD ENTITLED TO FREE HI BASED ON MQGE AND/OR ESRD
D1 - LESS THAN SIX UNITED STATES (U.S.) QUARTERS OF COVERAGE
D2 - SIX OR MORE U.S. QUARTERS OF COVERAGE NOT INSURED WITH FOREIGN EARNINGS
D3 - INSURED WITHOUT FOREIGN EARNINGS
D4 - CLAIM DENIED; ANOTHER FACTOR OF ENTITLEMENT NOT MET
ELECTIONS:
E1 - TITLE II BENEFICIARY TOTALIZATION NOT ELECTED
E2 - TITLE II BENEFICIARY TOTALIZATION ELECTED
E3 - TITLE II BENEFICIARY TOTALIZATION ELECTED GUARANTEED MINIMUM
PENDINGS:
P1 - TOTALIZATION CLAIM PENDING NOT INSURED
P2 - TOTALIZATION CLAIM PENDING INSURED
TERMINATIONS/WITHDRAWALS:
T1 - PRIOR TOTALIZED ENTILTLEMENT TERMINATED; CURRENTLY ENTITLED AS TITLE II RSI BENEFICIARY
W1 - TOTALIZATION CLAIM WITHDRAWN (IMPLEMENTED 11/19/01)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
2	1	TCC	TOTALIZATION COUNTRY CODE	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE COUNTRY FROM WHICH EARNINGS WILL BE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			(POTENTIALLY) TOTALIZED WITH THOSE IN THE UNITED STATES.	
			POSSIBLE-VALUES A - ITALY (DISPLAY AS ITALY) B - WEST GERMANY (DISPLAY AS GERMA) C - SWITZERLAND (DISPLAY AS SWISS) D - NORWAY (DISPLAY AS NORWA) E - SWEDEN (DISPLAY AS SWEDE) F - CANADA (DISPLAY AS CANAD) G - AUSTRIA (DISPLAY AS AUSTR) H - BELGIUM (DISPLAY AS BELGI) I - UNITED KINGDOM (DISPLAY AS UKING) J - SPAIN (DISPLAY AS SPAIN) K - FRANCE (DISPLAY AS FRANC) L - PORTUGAL (DISPLAY AS PORTU) M - NETHERLANDS (DISPLAY AS NETHE) N - FINLAND (DISPLAY AS FINLA) O - IRELAND (DISPLAY AS IRELA) P - LUXEMBOURG (DISPLAY AS LUXEM) Q - GREECE (DISPLAY AS GREEK) R - CHILE (DISPLAY AS CHILE) IMPLEMENTED FEBRUARY 2001 S - KOREA (DISPLAY AS KOREA) IMPLEMENTED FEBRUARY 2001	
3	3	DQC	DOMESTIC QUARTERS OF COVERAGE	NUMERIC
6	3	IQC	INTERNATIONAL QUARTERS OF COVERAGE	NUMERIC
			POSSIBLE-VALUES RANGE 00 THRU 40	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	18	WCRD	WIDOWS CARRY OVER REDUCTION DATA	GROUP

DESCRIPTION
ACTIVATED 12/1993. WCRD IS UPDATED AS A COMPLETE REPLACEMENT FIELD.

0	1	PIART	PRIMARY INSURANCE AMOUNT REDUCTION TYPE	CHARACTER

DESCRIPTION
DEFINITION
REFLECTS THE TYPE OF PRIMARY INSURANCE AMOUNT (PIA) REDUCTION.

PROCESSING CONSIDERATIONS:
WHEN WCRD IS PRESENT, PIART IS MANDATORY AND MUST CONTAIN A VALUE OF 1 OR 2. BLANK IS NOT THE DEFAULT VALUE FOR PIART.

POSSIBLE-VALUES
1 - METHOD 1 USED TO COMPUTE BENEFIT
2 - METHOD 2 USED TO COMPUTE BENEFIT

1	3	PIARD	PIA REDUCTION DATE OF ENTITLEMENT	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF PIA REDUCTION DATE OF ENTITLEMENT

4	3	MAR2A	REDUCTION AMOUNT FOR METHOD 2A	PACKED

MONEY-FORMAT
$$$C

DESCRIPTION
REFLECTS FIXED REDUCTION AMOUNT FOR METHOD 2A

7	3	WOBV	WIDOWS OR WIDOWERS ORIGINAL BENEFIT VALUE	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DEFINITION REFLECTS AMOUNT OF WIDOW'S (ER'S) ORIGINAL BENEFIT EFFECTIVE AT RIB/DIB DOE	
10	3	MAR2B	REDUCTION AMOUNT FOR METHOD 2B	PACKED
			MONEY-FORMAT $$$C	
			DESCRIPTION REFLECTS REDUCTION AMOUNT FOR METHOD 2B	
			POSSIBLE-VALUES	
0				
13	5		FILLER	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD1	SPECIAL MESSAGE DATA 1	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG1 FIELDS CAUSES DELETION.	
0	3	SMSGTD1	SPECIAL MESSAGE TRANSACTION DATE 1	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 1 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD1	SPECIAL MESSAGE DELETION DATE 1	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 1 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG1	SPECIAL MESSAGE 1 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD2	SPECIAL MESSAGE DATA 2	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG2 FIELD CAUSES DELETION.	
0	3	SMSGTD2	SPECIAL MESSAGE TRANSACTION DATE 2	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 2 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD2	SPECIAL MESSAGE DELETION DATE 2	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 2 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG2	SPECIAL MESSAGE 2 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD3	SPECIAL MESSAGE DATA 3	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG3 FIELD CAUSES DELETION.	
0	3	SMSGTD3	SPECIAL MESSAGE TRANSACTION DATE 3	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 3 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD3	SPECIAL MESSAGE DELETION DATE 3	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 3 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG3	SPECIAL MESSAGE 3 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD4	SPECIAL MESSAGE DATA 4	GROUP

DESCRIPTION
SPECIAL MESSAGE INFORMATION REGARDING
UNIQUE PROCESSING CONSIDERATIONS OR OTHER
PERTINENT MESSAGE. ACTIVATED 12/1991.
UPDATED AS COMPLETE REPLACEMENT FIELD.
AN ASTERISK IN FIRST POSITION OF PUT SMSG4 FIELD
CAUSES DELETION.

0	3	SMSGTD4	SPECIAL MESSAGE TRANSACTION DATE 4	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 4
WAS ANNOTATED TO THE MBR

3	3	SMSGDD4	SPECIAL MESSAGE DELETION DATE 4	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 4
FIELD IS TO BE DELETED FROM THE MBR

6	120	SMSG4	SPECIAL MESSAGE 4 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD5	SPECIAL MESSAGE DATA 5	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG5 FIELD CAUSES DELETION.	
0	3	SMSGTD5	SPECIAL MESSAGE TRANSACTION DATE 5	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 5 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD5	SPECIAL MESSAGE DELETION DATE 5	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 5 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG5	SPECIAL MESSAGE 5 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD6	SPECIAL MESSAGE DATA 6	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG6 FIELD CAUSES DELETION.	
0	3	SMSGTD6	SPECIAL MESSAGE TRANSACTION DATE 6	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 6 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD6	SPECIAL MESSAGE DELETION DATE 6	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 6	
6	120	SMSG6	SPECIAL MESSAGE 6 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD7	SPECIAL MESSAGE DATA 7	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG7 FIELD CAUSES DELETION.	
0	3	SMSGTD7	SPECIAL MESSAGE TRANSACTION DATE 7	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 7 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD7	SPECIAL MESSAGE DELETION DATE 7	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 7 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG7	SPECIAL MESSAGE 7 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD8	SPECIAL MESSAGE DATA 8	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 02/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG8 FIELD CAUSES DELETION.	
0	3	SMSGTD8	SPECIAL MESSAGE TRANSACTION DATE 8	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 8 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD8	SPECIAL MESSAGE DELETION DATE 8	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 8 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG8	SPECIAL MESSAGE 8 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMD9	SPECIAL MESSAGE DATA 9	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT SMSG9 FIELD CAUSES DELETION.	
0	3	SMSGTD9	SPECIAL MESSAGE TRANSACTION DATE 9	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 9 WAS ANNOTATED TO THE MBR	
3	3	SMSGDD9	SPECIAL MESSAGE DELETION DATE 9	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE 9 FIELD IS TO BE DELETED FROM THE MBR	
6	120	SMSG9	SPECIAL MESSAGE 9 TEXT	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	SMDA	SPECIAL MESSAGE DATA A	GROUP

DESCRIPTION
SPECIAL MESSAGE INFORMATION REGARDING
UNIQUE PROCESSING CONSIDERATIONS OR OTHER
PERTINENT MESSAGE. ACTIVATED 12/1991.
UPDATED AS COMPLETE REPLACEMENT FIELD.
AN ASTERISK IN FIRST POSITION OF PUT SMSGA FIELD
CAUSES DELETION.

0	3	SMSGTDA	SPECIAL MESSAGE TRANSACTION DATE A	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE A
WAS ANNOTATED TO THE MBR

3	3	SMSGDDA	SPECIAL MESSAGE DELETION DATE A	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REFLECTS THE MONTH AND YEAR THAT THE SPECIAL MESSAGE A
FIELD IS TO BE DELETED FROM THE MBR

6	120	SMSGA	SPECIAL MESSAGE A TEXT	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	CMD1	CENTRAL OFFICE MESSAGE DATA 1	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT CMSG1 FIELDS CAUSES DELETION.	
0	3	CMSGTD1-REL	CENTRAL OFFICE MESSAGE TRANSACTION DATE 1	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 1 WAS ANNOTATED TO THE MBR	
3	3	CMSGDD1-REL	CENTRAL OFFICE MESSAGE DELETION DATE 1	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 1 FIELD IS TO BE DELETED FROM THE MBR	
6	120	CMSG1	CENTRAL OFFICE MESSAGE 1 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	CMD2	CENTRAL OFFICE MESSAGE DATA 2	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT CMSG2 FIELDS CAUSES DELETION.	
0	3	CMSGTD2-REL	CENTRAL OFFICE MESSAGE TRANSACTION DATE 2	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 2 WAS ANNOTATED TO THE MBR	
3	3	CMSGDD2-REL	CENTRAL OFFICE MESSAGE DELETION DATE 2	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 2 FIELD IS TO BE DELETED FROM THE MBR	
6	120	CMSG2	CENTRAL OFFICE MESSAGE 2 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	CMD3	CENTRAL OFFICE MESSAGE DATA 3	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT CMSG3 FIELDS CAUSES DELETION.	
0	3	CMSGTD3-REL	CENTRAL OFFICE MESSAGE TRANSACTION DATE 3	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 3 WAS ANNOTATED TO THE MBR	
3	3	CMSGDD3-REL	CENTRAL OFFICE MESSAGE DELETION DATE 3	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 3 FIELD IS TO BE DELETED FROM THE MBR	
6	120	CMSG3	CENTRAL OFFICE MESSAGE 3 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	CMD4	CENTRAL OFFICE MESSAGE DATA 4	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT CMSG4 FIELDS CAUSES DELETION.	
0	3	CMSGTD4-REL	CENTRAL OFFICE MESSAGE TRANSACTION DATE 4	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 4 WAS ANNOTATED TO THE MBR	
3	3	CMSGDD4-REL	CENTRAL OFFICE MESSAGE DELETION DATE 4	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 4 FIELD IS TO BE DELETED FROM THE MBR	
6	120	CMSG4	CENTRAL OFFICE MESSAGE 4 TEXT	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	126	CMD5	CENTRAL OFFICE MESSAGE DATA 5	GROUP
			DESCRIPTION SPECIAL MESSAGE INFORMATION REGARDING UNIQUE PROCESSING CONSIDERATIONS OR OTHER PERTINENT MESSAGE. ACTIVATED 12/1991. UPDATED AS COMPLETE REPLACEMENT FIELD. AN ASTERISK IN FIRST POSITION OF PUT CMSG5 FIELDS CAUSES DELETION.	
0	3	CMSGTD5-REL	CENTRAL OFFICE MESSAGE TRANSACTION DATE 5	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 5 WAS ANNOTATED TO THE MBR	
3	3	CMSGDD5-REL	CENTRAL OFFICE MESSAGE DELETION DATE 5	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT THE CENTRAL OFFICE MESSAGE 5 FIELD IS TO BE DELETED FROM THE MBR	
6	120	CMSG5	CENTRAL OFFICE MESSAGE 5 TEXT	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	26	PIH	PRIMARY INSURANCE HISTORY	GROUP

DESCRIPTION
PURPOSE
USED TO RECORD THE AMOUNT AND METHOD OF COMPUTATION OF THE PRIMARY INSURANCE (OR PROUTY BASIC BENEFIT) AMOUNTS AND FAMILY MAXIMUM, APPLICABLE TO VARIOUS EFFECTIVE DATES. THE PRESENCE OF PRIMARY INSURANCE HISTORY (PIH) IS INDICATED BY NUMBER OF PRIMARY INSURANCE FIELDS (NPIH).

A MAXIMUM OF 50 OCCURRENCES,
IN ASCENDING SEQUENCE BY PIED,PIFC, AND PBP.

ON THE PUT:
MULTIPLE FIELDS WILL BE IN ASCENDING SEQUENCE BY PRIMARY INSURANCE EFFECTIVE DATE/PRIMARY INSURANCE FACTOR CODE/ PRIMARY INSURANCE HISTORY BENEFIT POINTER (PIED/PIFC/PBP). WHEN MORE THAN ONE (1) PIFC APPLIES FOR THE SAME PIED, IT WILL BE NECESSARY TO SUPPLY A SEPARATE PIH FIELD FOR EACH. THESE FIELDS WILL HAVE THE SAME EFFECTIVE DATE AND BE IN SEQUENCE BY PIFC.

WHENEVER REVISING MASTER BENEFICIARY RECORD (MBR) PIH DATA, IT WILL BE NECESSARY TO SUPPLY COMPLETE PIH DATA BEGINNING WITH THE FIRST PIED WHEN MBR PIH DATA MUST BE CHANGED AND CONTINUING THROUGH THE LATEST EFFECTIVE DATE STILL APPLICABLE. IF IT IS NECESSARY TO CHANGE THE FIRST PIH FIELD EFFECTIVE DATE TO A LATER DATE, SHOW THE FIRST PIED WITH ASTERISKS (*) IN THE PIA SUBFIELD AND THE REMAINING PIH FIELDS FROM THE POINT OF CHANGE ON. A FUTURE EFFECTIVE DATA IS ALSO POSSIBLE
UPDATE RULES:
MASTER UPDATE SYSTEM (MUS)
- UPDATES BY COMPLETE REPLACEMENT FROM 'POINT OF
- CHANGE' ON.
- ASTERISK (*) FILL IN PIA SUBFIELD
- WILL DELETE MATCHING FIELDS ON MASTER.
- DELETES EARLIEST OCCURRENCES WHEN INPUT. PIH FIELDS AND PIH ON MBR RESULT IN MORE THAN 50 OCCURRENCES.

MADCAP:
- UPDATES BY COMPLETE REPLACEMENT.
- ASTERISK (*) FILL IN PIA SUBFIELD
- WILL DELETE MATCHING FIELDS ON MASTER.
(PIH FIELDS ON MASTER WITH AN EFFECTIVE DATE EARLIER THAN A NEW ENTITLEMENT DATE MUST BE DELETED.)

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	PIED	PIA EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF PIA EFFECTIVE DATE

3	1	PIFC	PRIMARY INSURANCE FACTOR CODE	CHARACTER

POSSIBLE-VALUES
A - SPECIAL AGE 72 (PROUTY)
TRANSITIONALLY INSURED (AS OF 6/82 OR LATER)
B - AVERAGE MONTHLY WAGE
C - SPECIAL MINIMUM
E - DEATH PRIMARY INSURANCE AMOUNT (PIA) AVERAGE MONTHLY WAGE
F - DEATH PIA SPECIAL MINIMUM
G - AMW LIFE AND DEATH PIA'S ARE EQUAL
H - LIFE AND DEATH SPECIAL MINIMUM PIA'S ARE EQUAL
K - PRORATED (TOTALIZED) PIA
L - AVERAGE INDEXED MONTHLY EARNINGS
M - MINIMUM PIA IF GREATER THAN AVERAGE INDEXED MONTHLY EARNINGS (AIME)
N - NEW START GUARANTEE PIA
O - OLD START GUARANTEE PIA
S - SUBSEQUENT DISABILITY INSURANCE BENEFITS (DIB) GUARANTEE PIA
V - MODIFIED OLD START WINDFALL PIA
Z - NORTHERN MARIANA ISLANDS (NMI) COMPUTATION (FOR FUTURE USE)
5 - MODIFIED NEW START WINDFALL PIA
7 - 1990 NEW START
8 - 1990 OLD START

4	5	PIA	PRIMARY INSURANCE AMOUNT	NUMERIC

MONEY-FORMAT
$$$$C

POSSIBLE-VALUES
ZEROS - DEFAULT VALUE FOR DATA PURIFICATION

9	1	RFCP	REASON FOR CHANGE IN PRIMARY INSURANCE AMOUNT	CHARACTER

POSSIBLE-VALUES
ON THE PUT RECORD:

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			X - TO SHOW PRIMARY INSURANCE AMOUNT (PIA) OF RECORD FOR AUXILIARIES ON ALL RECORDS: D - DECREASE IN PIA E - JAPANESE INTERNMENT RECOMPUTATION I - INFORMATIONAL ONLY K - BENEFIT RATE INCREASE Q - UNKNOWN OR QUESTIONABLE 1 - RECOMPUTATION (MILITARY SERVICE CREDITS AFTER 1956) 2 - PIA RECOMPUTED UNDER 1965,1967 OR 1978 NEW LAW PROVISIONS 3 - RECOMPUTATION (MILITARY SERVICE CREDITS BEFORE 1957 AND AFTER 1956) 4 - DISABILITY OFFSET RECALCULATION UNDER 1967 AMENDMENTS 5 - UPWARD RECALCULATION OF THE INITIAL PIA OR A SUMMARY 6 - DISABILITY FREEZE RECALCULATION 7 - RECOMPUTATION (MILITARY SERVICE CREDITS BEFORE 1957) 9 - CHANGE OR CORRECTION NOT DUE TO A RECOMPUTATION	
10	5	FMAX	FAMILY MAXIMUM MONEY-FORMAT $$$$C DESCRIPTION DEFINITION REFLECTS THE MAXIMUM MONTHLY BENEFITS PAYABLE FOR THIS PIA PERIOD FOR THIS CLAIM	NUMERIC
15	1	TOM	TYPE OF MAXIMUM DESCRIPTION DEFINITION REPRESENTS TYPE OF FAMILY MAXIMUM APPLICABLE. POSSIBLE-VALUES C - COMBINED FAMILY MAXIMUM D - DISABILITY MAXIMUM 1979 AMENDMENTS S - SAVINGS CLAUSE MAXIMUM T - TABLE MAXIMUM	CHARACTER
16	4	IME	INDEXED MONTHLY EARNINGS MONEY-FORMAT $$$$ DESCRIPTION	NUMERIC

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DEFINITION REFLECTS THE WAGE EARNER'S AVERAGE MONTHLY EARNINGS, INDEXED FOR INFLATION, DURING THE PERIOD OF YEARS USED IN THE PRIMARY INSURANCE AMOUNT (PIA) COMPUTATION. PURPOSE USED ON THE PIA COMPUTATION WHEN THE DATE OF ENTITLEMENT IS AFTER 1978. THE AMOUNT IS ROUNDED TO THE NEXT LOWEST DOLLAR.	
20	2	ELY	ELIGIBILITY YEAR DATE-FORMAT PACKED,YEARS REL-1800 DESCRIPTION ELIGIBILITY YEAR (YY)	PACKED
22	1	PIFC2	PRIMARY INSURANCE FACTOR CODE TWO DESCRIPTION DEFINITION REPRESENTS PRIMARY INSURANCE AMOUNT (PIA) COMPUTATION INFORMATION IN ADDITION TO PRIMARY INSURANCE FACTOR CODE (PIFC) INFORMATION. POSSIBLE-VALUES BLANK - UNDETERMINED 1 - LIFE PIA BASED ON RETIREMENT INSURANCE BENEFITS (RIB) 2 - LIFE PIA BASED ON DIB ENTITLEMENT 3 - LIFE PIA APPLICABLE TO BOTH RIB AND DIB 4 - SURVIVOR PIA 5 - SURVIVOR AND RIB LIMITATION PIA 6 - WIDOW(ER)'S INDEX PIA (USED IN DUAL ENTITLEMENT CASES ONLY).	CHARACTER
23	1	PBP	PRIMARY INSURANCE HISTORY BENEFIT POINTER DESCRIPTION DEFINITION USED TO REFERENCE THE PROPER WIDOW'S PIA HISTORY. POSSIBLE-VALUES 1 - FIRST WIDOW INSURANCE BENEFIT (WIB) CLAIMANT'S PIA 2 - SECOND WIB CLAIMANT'S PIA 3 - THIRD WIB CLAIMANT'S PIA 4 - FOURTH WIB CLAIMANT'S PIA 5 - FIFTH WIB CLAIMANT'S PIA BLANK - WIDOW'S INDEXING DOES NOT APPLY	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
24	2	YOC	YEARS OF COVERAGE	CHARACTER

DESCRIPTION
REPRESENTS THE YEARS OF COVERAGE APPLICABLE TO THE PRIMARY INSURANCE AMOUNT

POSSIBLE-VALUES
RANGE 00 THRU 99

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	8	HPCD	HISTORICAL PAYMENT CYCLE DATA	GROUP

DESCRIPTION
THIS GROUP FIELD CAN OCCUR 9 TIMES AND IS GENERATED BY DUMAS WHENEVER THE PAYMENT CYCLE INDICATOR (PCI) IN RECORD CONTROL DATA CHANGES. ACTIVATED 12/1996.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	HPCI	HISTORICAL PAYMENT CYCLE INDICATOR	CHARACTER

DESCRIPTION
REPRESENTS THE PREVIOUS PAYMENT CYCLE FOR THIS ACCOUNT

POSSIBLE-VALUES
1 - PAYMENT CYCLE 1 - PAYMENTS DELIVERED ON THE 3RD)
2 - PAYMENT CYCLE 2 - PAYMENTS DELIVERED ON SECOND WEDNESDAY OF THE MONTH)
3 - PAYMENT CYCLE 3 - PAYMENTS DELIVERED ON THIRD WEDNESDAY OF THE MONTH)
4 - PAYMENT CYCLE 4 - PAYMENTS DELIVERED ON FOURTH WEDNESDAY OF THE MONTH)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
1	3	HPCEFD	HISTORICAL PAYMENT CYCLE EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYYYY) OF HISTORICAL PAYMENT CYCLE EFFECTIVE DATE.
REPRESENTS THE RUN PROCESSING DATE (RPD) THAT THE PAYMENT CYCLE WAS ESTABLISHED OR CHANGED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
4	3	HPCCOM	HISTORICAL PAYMENT CYCLE CURRENT OPERATING MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYYYY) OF HISTORICAL PAYMENT CYCLE CURRENT OPERATING MONTH.
REPRESENTS THE COM IN WHICH THAT PAYMENT CYCLE WAS ESTABLISHED OR CHANGED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
7	1	HPCCR	HISTORICAL PAYMENT CYCLE CHANGE REASON	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

DESCRIPTION
REPRESENTS THE REASON THAT THE PAYMENT CYCLE WAS ESTABLISHED OR CHANGED.

POSSIBLE-VALUES
- E - ENTITLEMENT PRIOR TO IMPLMENTATION OF PYMT CYCLING (INITIAL SATURATION)
- F - FOREIGN
- G - GARNISHMENT (PPD FIELD IS PRESENT)
- I - INITIAL AWARD
- N - NO DOB FOR WAGE EARNER ON MBR
- O - OTHER ENTITLEMENT
- P - PRIOR CYCLE EXISTS ON ANOTHER RECORD (MULTIPLE ENTITLEMENT INVOLVED)
- R - RAILROAD BOARD (LAF = E)
- S - SSI INVOLVEMENT (SISC IS OTHER THAN PC OR D; AND THE LAF IS C,D, OR S)
- T - THIRD PARTY BUY-IN
- V - VOLUNTARY REQUEST
- 2 - FORMERLY SSI
- 3 - FORMERLY THIRD PARTY BUY-IN
- 6 - FORMERLY FOREIGN
- 7 - FORMERLY GARNISHMENT
- 9 - FORMERLY RRB

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	120	HAD	HISTORICAL ADDRESS DATA	GROUP
			DESCRIPTION HISTORICAL ADDRESS DATA WILL BE GENERATED ON THE MBR BY DUMAS ACTIVATED 6/1994. 0 TO 20 OCCURRENCES.	
0	2	HAID	HISTORICAL ADDRESS ID NUMBER	PACKED
2	1	HLLA	LAST HISTORICAL LINE OF ADDRESS	NUMERIC
			POSSIBLE-VALUES 2 THRU 5 - LINE NUMBER ADDRESS DATA ENDS ON	
3	5	HZIP	HISTORICAL ZIP CODE	GROUP
3	5	HZIP-N		NUMERIC
8	2	NHAP	NUMBER OF HISTORICAL ADDRESS POINTERS	PACKED
10	110	HADRS		GROUP
			DESCRIPTION HISTORICAL ADDRESS DATA	
10	22	HADRS-LINE1	LINE ONE OF HISTORICAL ADDRESS	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	
32	22	HADRS-LINE2	LINE TWO OF HISTORICAL ADDRESS	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	
54	22	HADRS-LINE3	LINE THREE OF HISTORICAL ADDRESS	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
76	22	HADRS-LINE4	LINE FOUR OF HISTORICAL ADDRESS	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	
98	22	HADRS-LINE5	LINE FIVE OF HISTORICAL ADDRESS	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	7	DRAM	DRAMS PRIOR PERIOD DISABILITY DATA	GROUP

DESCRIPTION
DRAMS PRIOR PERIOD DISABILITY DATA (ACCOUNT LEVEL).
MAXIMUM OF 4 OCCURRENCES.
DRAM IS UPDATED AS A COMPLETE REPLACEMENT FIELD.
IMPLEMENTED 5/99.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	PDST-REL	PRIOR DIB START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
PRIOR DIB START DATE.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	PDED-REL	PRIOR DIB END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
PRIOR DIB END DATE.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	PDSOURCE	PRIOR DIB SOURCE	CHARACTER

DESCRIPTION
PRIOR DISABILITY SOURCE.
REFLECTS THE SOURCE CODE OF THE DISABILITY PERIOD WHEN ESTABLISHED ON THE DRAMS FILE. IF MULTIPLE OCCURRENCES OF DRAM DATA ARE PRESENT ON THE MBR, THE SOURCE CODE WILL ONLY BE PRESENT IN THE FIRST OCCURRENCE SINCE THE SOURCE CODE ONLY APPLIES TO THE FIRST OCCURRENCE.

POSSIBLE-VALUES
F - MANUALLY POSTED FREEZE DATA BEFORE 1976
O - MANUALLY POSTED DISABILITY DATA BEFORE 1976
BLANK - DEFAULT VALUE FOR OCCURRENCES 2, 3 AND 4

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	720	FLIF	NUMBERHOLDER FICTITIOUS LIFE BENEFIT DATA	GROUP
			DESCRIPTION NUMBERHOLDER FICTITIOUS LIFE BENEFIT DATA 0 TO 72 OCCURRENCES. *** NOT ACTIVATED FOR T2R3 ***	
0	10	FLIF-GROUP	NUMBERHOLDER FICTITIOUS LIFE BENEFIT DATA	GROUP
			DESCRIPTION NUMBERHOLDER FICTITIOUS LIFE BENEFIT DATA	
0	3	FLIF-START-REL	FLIF START MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION FIRST MONTH AND YEAR OF FICTITIOUS LIFE MBA MANDATORY ENTRY - ZEROES NOT VALID	
3	3	FLIF-PIA	FICTITIOUS LIFE PIA	PACKED
			MONEY-FORMAT $$$$C	
			DESCRIPTION REFLECTS FICTITIOUS LIFE PIA MANDATORY	
6	3	FLIF-MBA	FICTITIOUS LIFE MBA	PACKED
			MONEY-FORMAT $$$$C	
			DESCRIPTION REFLECTS FICTITIOUS LIFE MBA MANDATORY	
9	1	FLIF-CONV	FLIF CONVERSION	CHARACTER
			DESCRIPTION FLIF DATA OCCURRENCE UPDATED BY MBR CONVERSION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK =	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	DRC	DELAYED RETIREMENT CREDIT DATA	GROUP
0	2	DRC-DRCY-REL-Y	DELAYED RETIREMENT CREDIT YEAR	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
YEAR (YYYY) OF DELAYED RETIREMENT CREDIT
MANDATORY

2	2	DRC-DRCM	DELAYED RETIREMENT CREDIT MONTHS	NUMERIC

DESCRIPTION
DRCM WILL BE ONLY THE NUMBER OF MONTHS IN THE CORRESPONDING
YEAR USED TO INCREASE THE NH BENEFIT
MANDATORY

POSSIBLE-VALUES
01
02
03
04
05
06
07
08
09
10
11
12

4	1	DRC-CONV	DRCD DATA OCCURRENCE UPDATED BY MBR CONVERSION	CHARACTER

DESCRIPTION
DRCD DATA OCCURRENCE UPDATED BY MBR CONVERSION
MANDATORY

POSSIBLE-VALUES
Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF
MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE
N =

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	ACE	AVERAGE CURRENT EARNINGS DATA - GROUP	GROUP

DESCRIPTION
AVERAGE CURENT EARNINGS DATA
MAXIMUM OF 24 OCCURRENCES.

0	3	ACE-EFF-REL	ACE EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
ACE EFFECTIVE DATE
MANDATORY

3	3	ACE-100-BASE	100 PERCENT AVERAGE CURRENT EARNINGS	PACKED

MONEY-FORMAT
$$$$$

DESCRIPTION
100 PERCENT AVERAGE CURRENT EARNINGS
MANDATORY

6	4	ACE-80	80 PERCENT AVERAGE CURRENT EARNINGS	PACKED

MONEY-FORMAT
$$$$$C

DESCRIPTION
80 PERCENT AVERAGE CURRENT EARNINGS
MANDATORY

10	2	ACE-CATEGORY	AVERAGE CURRENT EARNINGS CATEGORY	CHARACTER

DESCRIPTION
INDICATES WHETHER THE ACE IS THE ORIGINAL, RECOMPUTED
MANDATORY

POSSIBLE-VALUES
OR = ORIGINAL ACE
RE = RECOMPUTED ACE
TR = TRIENNIAL REDETERMINATION ACE

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
12	2	ACE-METHOD	AVERAGE CURRENT EARNINGS METHOD	CHARACTER

DESCRIPTION
INDICATES WHETHER THE ACE IS BASED ON EARNINGS FROM HIGH-1, HIGH-5, OR AVERAGE MONTHLY WAGE (AMW)
MANDATORY

POSSIBLE-VALUES
H1 = ACE BASED ON HIGH 1 EARNINGS YEAR
H5 = ACE BASED ON HIGH 5 EARNINGS YEARS
AM = ACE BASED ON AVERAGE MONTHLY WAGE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
14	2	ACE-BASE-START-REL	ACE BASE START DATE	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
ACE BASE START DATE

POSSIBLE-VALUES
IF THE ACE IS HIGH-1, THE HIGH-1 YEAR WILL BE HERE. IF THE ACE IS HIGH-5, THE FIRST YEAR OF THE HIGH-5 PERIOD WILL BE. HERE. IF THE ACE IS AMW, THIS FIELD WILL CONTAIN ZEROES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
16	2	ACE-BASE-STOP-REL	ACE BASE STOP DATE	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
ACE BASE STOP DATE

POSSIBLE-VALUES
IF THE ACE IS HIGH-5, THE LAST YEAR OF THE HIGH-5 PERIOD WILL BE HERE. IF THE ACE IS HIGH-1 OR AMW, THIS FIELD WILL CONTAIN ZEROES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
18	1	ACE-CONV	ACE DATA OCCURRENCE UPDATED BY MBR CONVERSION	CHARACTER

DESCRIPTION
ACE DATA OCCURRENCE UPDATED BY MBR CONVERSION

POSSIBLE-VALUES
Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BLANK =	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	154	INIL	NUMBERHOLDER INJURY/ILLNESS DATA - GROUP	GROUP

DESCRIPTION
NUMBERHOLDER INJURY/ILLNESS DATA
MAXIMUM OF 4 OCCURRENCES.

0	3	INIL-INJURY-DT-REL-D	DATE OF INJURY	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE INJURY/ILLNESS OCCURRED
MANDATORY

3	2	INIL-COMP-SRCE	SOURCE OF COMPENSATION	CHARACTER

DESCRIPTION
SOURCE OF COMPENSATION
MANDATORY

POSSIBLE-VALUES
BL = BLACK LUNG
FC = FEDERAL EMPLOYEES COMPENSATION ACT
FM = FEDERAL PDB
HW = LONGSHORE HARBOR WORKERS
ML = LOCAL PUBLIC DISABILITY BENEFIT (PDB)
SG = STATE PDB
WP = STATE WORKERS COMPENSATION

5	24	INIL-CLAIM-NUM	INJURY CLAIM NUMBER	CHARACTER

DESCRIPTION
INJURY CLAIM NUMBER

POSSIBLE-VALUES

29	2	INIL-INJURY-ST	ABBREVIATION OF STATE WHERE INJURY OCCURRED	CHARACTER

DESCRIPTION
STATE PAYING WORKERS COMPENSATION

POSSIBLE-VALUES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BLANK =	
31	1	INIL-CLM-PNDNG		CHARACTER
			DESCRIPTION WC/PDB CLAIM PENDING POSSIBLE-VALUES Y = CLAIM IS PENDING BLANK =	
32	1	INIL-APP-PNDNG		CHARACTER
			DESCRIPTION APPEAL PENDING POSSIBLE-VALUES Y = APPEAL IS PENDING BLANK =	
33	30	INIL-EMPLOYER	NAME OF EMPLOYER CONNECTED TO THE INJURY	CHARACTER
			DESCRIPTION EMPLOYER CONNECTED TO THE INJURY POSSIBLE-VALUES BLANK =	
63	26	INIL-PAYER		CHARACTER
			DESCRIPTION PAYER OF WC/PDB CLAIM - INSURANCE CARRIER CONNECTED TO THIS INJURY CLAIM POSSIBLE-VALUES BLANK =	
89	2	INIL-NUM-PER		NUMERIC
			DESCRIPTION NUMBER OF OCCURRENCES OF PERIODIC EXPENSES THAT APPLY TO THIS INJURY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES 00 - 72 BLANK =	
91	3	INIL-LS-START-REL-D	START DATE OF LUMP SUM AWARD DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYYYY) OF LUMP SUM AWARD	PACKED
94	5	INIL-LS-GROSS	LUMP SUM GROSS TOTAL MONEY-FORMAT $$$$$$$CC DESCRIPTION TOTAL AMOUNT OF THE LUMP SUM AWARD	PACKED
99	1	INIL-LS-GROSPF	LUMP SUM GROSS PROOF DESCRIPTION LUMP SUM GROSS PROOF POSSIBLE-VALUES Y = PROOF OF THE LUMP SUM AWARD EXISTS BLANK =	CHARACTER
100	4	INIL-LS-PROAMT	LUMP SUM PRORATION AMOUNT MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION AMOUNT AT WHICH LUMP SUM SHOULD BE PRORATED	PACKED
104	1	INIL-LS-FREQ	LUMP SUM PRORATION RATE DESCRIPTION LUMP SUM PRORATION RATE POSSIBLE-VALUES W = WEEKLY	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			M = MONTHLY T = TWICE MONTHLY E = EVERY TWO WEEKS D = EVERY 28 DAYS BLANK =	
105	5	INIL-LS-MED-EX	LUMP SUM MEDICAL EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION AMOUNT OF EXCLUDABLE MEDICAL EXPENSES	
110	1	INIL-LS-MED-PF	LUMP SUM MEDICAL EXPENSES PROOF	CHARACTER
			DESCRIPTION LUMP SUM MEDICAL EXPENSES PROOF	
			POSSIBLE-VALUES Y = PROOF OF THE EXCLUDABLE LUMP SUM MEDICAL EXPENSES EXISTS BLANK =	
111	5	INIL-LS-ATY-EX	LUMP SUM ATTORNEY EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION AMOUNT OF EXCLUDABLE ATTORNEY EXPENSES	
116	1	INIL-LS-ATY-PF	LUMP SUM ATTORNEY EXPENSES PROOF	CHARACTER
			DESCRIPTION LUMP SUM ATTORNEY EXPENSES PROOF	
			POSSIBLE-VALUES Y = PROOF OF THE EXCLUDABLE LUMP SUM ATTORNEY EXPENSES EXISTS BLANK =	
117	5	INIL-LS-RLTDEX	LUMP SUM RELATED EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION AMOUNT OF EXCLUDABLE RELATED EXPENSES FOR THE LUMP SUM	
122	1	INIL-LS-RLTDPF	LUMP SUM RELATED EXPENSES PROOF	CHARACTER
			DESCRIPTION LUMP SUM RELATED EXPENSES PROOF POSSIBLE-VALUES Y = PROOF OF THE EXCLUDABLE LUMP SUM RELATED EXPENSES EXISTS BLANK =	
123	5	INIL-LS-SPECEX	LUMP SUM SPECIAL EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC DESCRIPTION AMOUNT OF EXCLUDABLE SPECIAL EXPENSES FOR THE LUMP SUM	
128	1	INIL-LS-SPECPF	LUMP SUM SPECIAL EXPENSES PROOF	CHARACTER
			DESCRIPTION LUMP SUM SPECIAL EXPENSES PROOF POSSIBLE-VALUES Y = PROOF OF THE EXCLUDABLE LUMP SUM SPECIAL EXPENSES EXISTS BLANK =	
129	5	INIL-1X-MEDEXP	PERIODIC MEDICAL EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC DESCRIPTION ONE TIME ONLY EXCLUDABLE MEDICAL EXPENSES CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY.	
134	1	INIL-1X-MED-PF	PERIODIC MEDICAL EXPENSES PROOF	CHARACTER
			DESCRIPTION PERIODIC MEDICAL EXPENSES PROOF POSSIBLE-VALUES Y = PROOF OF THE ONE TIME ONLY EXCLUDABLE MEDICAL EXPENSES	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY EXISTS BLANK =	
135	5	INIL-1X-ATYEXP	PERIODIC MEDICAL EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION ONE TIME ONLY EXCLUDABLE ATTORNEY EXPENSES CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY.	
140	1	INIL-1X-ATY-PF	PERIODIC ATTORNEY EXPENSES PROOF	CHARACTER
			DESCRIPTION PERIODIC ATTORNEY EXPENSES PROOF	
			POSSIBLE-VALUES Y = PROOF OF THE ONE TIME ONLY EXCLUDABLE ATTORNEY EXPENSES CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY EXISTS BLANK =	
141	5	INIL-1X-RLDEXP	PERIODIC RELATED EXPENSES	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION ONE TIME ONLY EXCLUDABLE RELATED EXPENSES CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY.	
146	1	INIL-1X-REL-PF	PERIODIC EXPENSES PROOF	CHARACTER
			DESCRIPTION PERIODIC EXPENSES PROOF	
			POSSIBLE-VALUES Y = PROOF OF THE ONE TIME ONLY EXCLUDABLE RELATED EXPENSES CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY EXISTS BLANK =	
147	3	INIL-PER-EX-ST-REL-D	PERIODIC EXPENSES START DATE	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYYYY) START DATE FOR THE ONE TIME ONLLY EXCLUDABLE RELATED EXPENSES CONNECTED WITH THE PERIODIC PAYMENTS FOR THIS INJURY.	
150	3	INIL-PER-EXSTP-REL-D	PERIODIC EXPENSES STOP DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION PERIODIC PAYMENTS FOR THIS INJURY STOP DATE FOR 1 TIME EXCLUDABLE EXPENSES CONNECTED WITH	
153	1	INIL-CONV	INIL DATA OCCURRENCE UPDATED BY MBR CONVERSION	CHARACTER
			DESCRIPTION INIL DATA OCCURRENCE UPDATED BY MBR CONVERSION POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK =	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	21	PER	PERIODIC PAYMENT DATA - GROUP	GROUP

DESCRIPTION
PERIODIC PAYMENT DATA
MAXIMUM OF 72 OCCURRENCES.

0	1	PER-INIL-PTR	PERIODIC PAYMENT INIL POINTER	NUMERIC

DESCRIPTION
THIS ELEMENT POINTS TO THE OCCURRENCE OF INIL DATA IN CONNECTION WITH WHICH THIS OCCURRENCE OF PERIODIC PAYMENT HAS BEEN MADE.
MANDATORY

POSSIBLE-VALUES
1 = 1ST OCCURRENCE
2 = 2ND OCCURRENCE
3 = 3RD OCCURRENCE
4 = 4TH OCCURRENCE

1	3	PER-START-REL-D	START DATE FOR THIS PERIODIC PAYMENT	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYYYY) OF THIS PERIODIC PAYMENT
MANDATORY

4	3	PER-STOP-REL-D	STOP DATE FOR THIS PERIODIC PAYMENT	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYYYY) STOP DATE OF THIS PERIODIC PAYMENT

7	4	PER-AMOUNT	PERIODIC PAYMENT AMOUNT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			PERIODIC PAYMENT AMOUNT MANDATORY	
11	1	PER-AMT-PF	PERIODIC PAYMENT AMOUNT PROOF	CHARACTER
			DESCRIPTION PERIODIC PAYMENT AMOUNT PROOF MANDATORY POSSIBLE-VALUES Y = PROOF OF THE AMOUNT OF THE PERIODIC PAYMENT EXISTS N = NO PROOF OF THE AMOUNT OF THE PERIODIC PAYMENT EXISTS	
12	1	PER-FREQ	PERIODIC PAYMENT FREQUENCY	CHARACTER
			DESCRIPTION PERIODIC PAYMENT FREQUENCY MANDATORY POSSIBLE-VALUES W = WEEKLY M = MONTHLY T = TWICE MONTHLY E = EVERY 2 WEEKS D = EVERY 28 DAYS	
13	4	PER-EXP-AMT	PERIODIC PAYMENT ONGOING EXPENSE AMOUNT	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION PERIODIC PAYMENT ONGOING EXPENSE AMOUNT	
17	2	PER-EXP-PCT	PERIODIC PAYMENT ONGOING EXPENSE PERCENT	PACKED
			DESCRIPTION IF EACH PERIODIC PAYMENT HAS A SPECIFIED PERCENTAGE ALLOCATED TO EXCLUDABLE EXPENSES, THIS FIELD WILL CONTAIN THAT PERCENTAGE POSSIBLE-VALUES 0 - 100	
19	1	PER-EXP-PF	PERIODIC PAYMENT ONGOING EXPENSE PROOF	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

DESCRIPTION
PERIODIC PAYMENT ONGOING EXPENSE PROOF

POSSIBLE-VALUES
Y = PROOF OF ONGOING EXCLUDABLE EXPENSES EXISTS WHETHER AN AMOUNT OR A PERCENTAGE
BLANK =

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
20	1	PER-CONV		CHARACTER

DESCRIPTION
PERIODIC DATA OCCURRENCE UPDATED BY MBR

POSSIBLE-VALUES
Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE
BLANK =

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	105	IDET	INJURY ILLNESS DETERMINATION GROUP	GROUP

DESCRIPTION
INJURY ILLNESS DETERMINATION DATA
MAXIMUM OF 4 OCCURRENCES.

0	1	IDET-INIL-PTR	IDET INIL POINTER	NUMERIC

DESCRIPTION
THIS ELEMENT POINTS TO THE OCCURRENCE OF INIL DATA IN
CONNECTION WITH WHICH THIS OCCURRENCE OF PERIODIC PAYMENT
HAS BEEN MADE.
MANDATORY

POSSIBLE-VALUES
1 = 1ST OCCURRENCE
2 = 2ND OCCURRENCE
3 = 3RD OCCURRENCE
4 = 4TH OCCURRENCE

1	3	IDET-OS-FIRST-REL	IDET OFFSET FIRST CONSIDERED DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT OFFSET CAN 1ST BE CONSIDERED FOR THIS INJURY

4	3	IDET-RJ-START-REL	IDET REVERSE JURISDICTION START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MNTH THAT REVERSE JURISDICTION STARTED FOR THIS INJURY

7	3	IDET-RJ-STOP-REL	IDET REVERSE JURISDICTION STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MNTH THAT REVERSE JURISDICTION APPLIED FOR THIS INJURY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	1	IDET-CVERN-EX		CHARACTER

DESCRIPTION
IDET COVERED EARNINGS EXCLUSION

POSSIBLE-VALUES
Y = PDB MEETS THE COVERED EARNINGS EXCLUSION
BLANK = REQUIREMENTS NOT MET OR DOES NOT APPLY

11	2	IDET-CVERN-PCT	IDET COVERED EARNINGS PERCENTAGE	PACKED

DESCRIPTION
PERCENTAGE OF COVERED EARNINGS

POSSIBLE-VALUES
0 - 100

13	1	IDET-LSPRO-MET	USER SELECTED METHOD OF IDET LUMP SUM PRORATION	CHARACTER

DESCRIPTION
IF THE USER SELECTS A METHOD OF LUMP SUM PRORATION, THE VALUE WILL BE HERE. IF THE USER DECIDED TO HAVE THE SYSTEM DERIVE THE MOST ADVANTAGEOUS METHOD, THIS FIELD IS BLANK

POSSIBLE-VALUES
A = METHOD A CHOSEN BY USER
B = METHOD B CHOSEN BY USER
C = METHOD C CHOSEN BY USER
BLANK = SYSTEM DERIVED METHOD

14	4	IDET-WK-RATE-A	IDET WEEKLY RATE METHOD A	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
WEEKLY RATE OF LUMP SUM PRORATION USING METHOID A

18	3	IDET-EXP-STRTA-REL-D	IDET EXPENSE PRORATION START METHOD A	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
IDET EXPENSE PRORATION START DATE (MMDDYYYY) METHOD A

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
21	3	IDET-EXP-STOPA-REL-D	IDET EXPENSE PRORATION STOP DATE METHOD A	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION IDET EXPENSE PRORATION STOP DATE (MMDDYYYY) METHOD A	
24	4	IDET-EXP-REM-A	IDET EXPENSE REMAINDER METHOD A	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET EXPENSE REMAINDER METHOD A	
28	3	IDET-STOP-A-REL-D	IDET LUMP SUM PRORATION STOP DATE METHOD A	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION IDET LUMP SUM PRORATION STOP DATE (MMDDYYYY) METHOD A	
31	4	IDET-REM-A	IDET EXPENSE REMAINDER METHOD A	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET EXPENSE REMAINDER METHOD A	
35	5	IDET-TOT-PBL-A	IDET TOTAL PAYABLE TO FAMILY METHOD A	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION DEFINITION IDET TOTAL PAYABLE TO FAMILY METHOD A	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
40	4	IDET-ADDL-WH-A	IDET ADDITIONAL WITHHOLDING METHOD A	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET ADDITIONAL WITHHOLDING METHOD A	
44	4	IDET-ADDL-EXPA	IDET ADDITIONAL EXPENSES METHOD A	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET ADDITIONAL EXPENSES METHOD A	
48	4	IDET-WK-RATE-B	IDET WEEKLY RATE METHOD B	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET WEEKLY RATE METHOD B	
52	3	IDET-STOP-B-REL-D	IDET LUMP SUM PRORATION STOP DATE METHOD B	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION IDET LUMP SUM PRORATION STOP DATE (MMDDYYYY) METHOD B	
55	4	IDET-REM-B	IDET LUMP SUM REMAINDER METHOD B	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET LUMP SUM REMAINDER METHOD B	
59	5	IDET-TOT-PBL-B	IDET TOTAL PAYABLE TO FAMILY METHOD B	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			MONEY-FORMAT $$$$$$$CC DESCRIPTION DEFINITION IDET TOTAL PAYABLE TO FAMILY METHOD B	
64	4	IDET-ADDL-WH-B	IDET ADDITIONAL WITHHOLDING METHOD B	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION IDET ADDITIONAL WITHHOLDING METHOD B	
68	4	IDET-WK-RATE-C	IDET WEEKLY RATE METHOD C	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION IDET WEEKLY RATE METHOD C	
72	3	IDET-STOP-C-REL-D	IDET LUMP SUM PRORATION STOP DATE METHOD C	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION IDET LUMP SUM PRORATION STOP DATE (MMDDYYYY) METHOD C	
75	4	IDET-REM-C	IDET LUMP SUM REMAINDER METHOD C	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION IDET LUMP SUM REMAINDER METHOD C	
79	5	IDET-TOT-PBL-C	IDET TOTAL PAYABLE TO FAMILY METHOD C	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			MONEY-FORMAT $$$$$$$CC DESCRIPTION DEFINITION IDET TOTAL PAYABLE TO FAMILY METHOD C	
84	4	IDET-ADDL-WH-C	IDET ADDITIONAL WITHHOLDING METHOD C	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION IDET ADDITIONAL WITHHOLDING METHOD C	
88	1	IDET-ADV-METHD	IDET ADVANTAGEOUS METHOD	CHARACTER
			DESCRIPTION THE METHOD OF LUMP SUM PRORATION WHICH IS MOST ADVANTAGEOUS THIS MAY HAVE BEEN DETERMINED MATHEMATICALLY BY THE SYSTEM OR IT MAY HAVE BEEN DETERMINED BY THE ADJUDICATING CR. THIS FIELD WILL ALWAYS BE PRESENT IF THERE IS A LUMP SUM WITH EXCLUDABLE EXPENSES POSSIBLE-VALUES A = METHOD A USED B = METHOD B USED C = METHOD C USED BLANK = SYSTEM DERIVED METHOD	
89	4	IDET-WKRT-NOEX	IDET WEEKLY PRORATION RATE NO EXPENSES	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION DEFINITION IDET WEEKLY PRORATION RATE NO EXPENSES	
93	3	IDET-STP-NOEXP-REL-D	IDET LUMP SUM PRORATION STOP DATE NO EXPENSES	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			IDET LUMP SUM PRORATION STOP DATE (MMDDYYYY) NO EXPENSES	
96	4	IDET-REM-NOEXP	IDET LUMP SUM REMAINDER NO EXPENSE	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET LUMP SUM REMAINDER NO EXPENSE	
100	4	IDET-ADDL-WH	IDET ADDITIONAL NO EXPENSES	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION DEFINITION IDET ADDITIONAL NO EXPENSES	
104	1	IDET-CONV		CHARACTER
			DESCRIPTION IDET DATA OCCURRENCE UPDATED BY MBR CONVERSION	
			POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK =	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	23	WCPD	WC/PDB OFFSET DATA - GROUP	GROUP

DESCRIPTION
WC/PDB OFFSET DATA
MAXIMUM OF 72 OCCURRENCES.

0	3	WCPD-START-REL	WCPD START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF OFFSET AT THIS AMOUNT
MANDATORY

3	3	WCPD-STOP-REL	WCPD STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF OFFSET AT THIS AMOUNT

6	2	WCPD-PDB-TYPE	TYPE OF OFFSETABLE PUBLIC DISABILITY BENEFITS	CHARACTER

DESCRIPTION
IDENTIFIES THE TYPE OF OFFSETABLE PUBLIC DISABILITY
(NOT STATE WORKERS' COMPENSATION) PAYMENTS ARE APPLICABLE
FOR THE PERIOD COVERED BY THIS OCCURRENCE OF WCPD DATA

POSSIBLE-VALUES
ML = LOCAL PUBLIC DISABILITY BENEFIT (PDB)
SG = STATE PUBLIC DISABILITY BENEFIT (PDB)
FM = FEDERAL PUBLIC DISABILITY BENEFIT (PDB)
RJ = REVERSE JURISDICTION
OP = OFFSET POSTPONED DUE TO HIGH ACE
PE = OFFSET PENDING
BLANK = DOES NOT APPLY TO THIS CASE

8	2	WCPD-WC-TYPE	TYPE OF OFFSETABLE WORKERS' COMPENSATION BENEFITS	CHARACTER

DESCRIPTION
IDENTIFIES THE TYPE OF OFFSETABLE STATE WORKERS' COMPENSATION
PAYMENTS ARE APPLICABLE FOR THE PERIOD COVERED BY THIS

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			OCCURRENCE OF WCPD DATA	
			POSSIBLE-VALUES BL = BLACK LUNG FC = FEDERAL EMPLOYEES COMPENSATION ACT HW = LONGSHORE HARBOR WORKERS WP = STATE WORKERS' COMPENSATION RJ = REVERSE JURISDICTION OP = OFFSET POSTPONED DUE TO HIGH ACE PE = OFFSET PENDING BLANK = DOES NOT APPLY TO THIS CASE	
10	4	WCPD-TFB	WCPD TOTAL FAMILY BENEFITS	PACKED
			MONEY-FORMAT $$$$$C	
			DESCRIPTION DEFINITION WCPD TOTAL FAMILY BENEFITS WHICH HAS BEEN DETERMINED TO APPLY DURING THE PERIOD COVERED BY THIS OCCURRENCE.	
14	4	WCPD-PDB-AMT	PUBLIC DISABILITY BENEFITS AMOUNT	PACKED
			MONEY-FORMAT $$$$CC	
			DESCRIPTION DEFINITION MONTHLY AMOUNT OF OFFSETABLE PUBLIC DISABILITY PAYMENTS DURING THE PERIOD COVERED BY THIS OCCURRENCE.	
18	4	WCPD-WC-AMT	WORKERS' COMP PAYMENT AMOUNTS	PACKED
			MONEY-FORMAT $$$$CC	
			DESCRIPTION DEFINITION MONTHLY AMOUNT OF OFFSETABLE STATE WORKERS' COMPENSATION PAYMENTS DURING THE PERIOD COVERED BY THIS OCCURRENCE	
22	1	WCPD-CONV	WCPD DATA OCCURRENCE UPDATED BY MBR CONVERSION	CHARACTER
			DESCRIPTION THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE	
			POSSIBLE-VALUES Y = YES BLANK =	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	68	INSD	INSURED STATUS MET DATA GROUP	GROUP

DESCRIPTION
INSURED STATUS DATA THAT DOCUMENTS ENTITLEMENT AND
DISALLOWANCE DETERMINATIONS. DATA WILL BE USED IN SUBSEQUENT
PROCESSING AGAINST THE RECORD.

0	1	INSD-CLMTYP	INSURED STATUS CLAIM TYPE	CHARACTER

DESCRIPTION
INSURED STATUS CLAIM TYPE

POSSIBLE-VALUES
D = DISABILITY
R = RETIREMENT
S = SURVIVOR
L = LUMP SUM DEATH PAYMENT (LSDP)
E = END STAGE RENAL DISEASE (ESRD)
U = UNINSURED MEDICARE

1	3	INSD-DCF-REL-D	INSURED STATUS DATE CLAIM FILED	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
INSURED STATUS DATE CLAIM FILED (MMDDYYYY)

4	3	INSD-FIRST-MTH-REL	INSURED STATUS FIRST MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE (MMYYYY) INSURED STATUS IS FIRST MET FOR THIS
INSURED STATUS TEST

7	3	INSD-LAST-MTH-REL	INSURED STATUS LAST MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE (MMYYYY) INSURED STATUS IS LAST MET FOR THIS

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			INSURED STATUS TEST	
10	3	INSD-WPSD-MTH-REL	INSURED STATUS WAITING PERIOD START MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION FIRST MONTH (MMYYYY) OF THE WAITING PERIOD ON A DISABILITY CLAIM	
13	3	INSD-GMS-NX-REL	NON-EXCLUSION INSURED DATE USING GMS	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE (MMYYYY) NON-EXCLUSION INSURED STATUS IS FIRST MET WITH GMS	
16	3	INSD-GMS-X-REL	EXCLUSION INSURED DATE USING GMS	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE (MMYYYY) EXCLUSION INSURED STATUS IS FIRST MET WITH GMS	
19	3	INSD-NOGMS-NX-REL	NON-EXCLUSION INSURED DATE WITHOUT USING GMS	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE (MMYYYY) NON-EXCLUSION INSURED STATUS IS FIRST MET WITHOUT GMS	
22	3	INSD-NOGMS-X-REL	EXCLUSION INSURED DATE WITHOUT USING GMS	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE (MMYYYY) EXCLUSION INSURED STATUS IS FIRST MET	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			WITHOUT GMS	
25	1	INSD-2040-XMT	INSURED STATUS 20/40 EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS 20/40 EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
26	1	INSD-2040-NXMT	INSURED STATUS 20/40 NON EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS 20/40 NON EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
27	1	INSD-A31-XMT	INSURED STATUS AGE 31 EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS AGE 31 EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
28	1	INSD-A31-NXMT	INSURED STATUS AGE 31 NON-EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS AGE 31 NON-EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
29	1	INSD-A24-XMT	INSURED STATUS AGE 24 EXCLUSION TEST MET	CHARACTER
			DESCRIPTION	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			INSURED STATUS AGE 24 EXCLUSION TEST MET	
			POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
30	1	INSD-A24-NXMT	INSURED STATUS AGE 24 NON-EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS AGE 24 NON-EXCLUSION TEST MET	
			POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
31	2	INSD-DIB-REQ	INSURED STATUS DIB TEST QUARTERS OF COVERAGE REQUIRED	NUMERIC
			DESCRIPTION QCS REQUIRED FOR DISABILITY TEST	
			POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
33	2	INSD-DIB-HAS	INSURED STATUS DIB TEST HAS QUARTERS OF COVERAGE REQUIRED	NUMERIC
			DESCRIPTION TOTAL QC COUNT FOR DISABILTY TEST	
			POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
35	1	INSD-FIS-XMT	INSURED STATUS FULLY INSURED EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS FULLY INSURED EXCLUSION TEST MET	
			POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
36	1	INSD-FIS-NXMT	INSURED STATUS FULLY INSURED NON-EXCLUSION TEST MET	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION INSURED STATUS FULLY INSURED NON-EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
37	2	INSD-FIS-REQ	INSURED STATUS FULLY INSURED TEST QCS REQUIRED	NUMERIC
			DESCRIPTION QCS REQUIRED FOR FULLY INSURED TEST POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
39	2	INSD-FIS-HAS	INSURED STATUS FULLY INSURED HAS QCS	NUMERIC
			DESCRIPTION TOTAL QC COUNT FOR FULLY INSURED STATUS TEST POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
41	1	INSD-CIS-XMT	INSURED STATUS CURRENTLY INSURED EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS CURRENTLY INSURED EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
42	1	INSD-CIS-NXMT	INSURED STATUS FULLY INSURED NON-EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS FULLY INSURED NON-EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
43	2	INSD-CIS-REQ	INSURED STATUS CURRENTLY INSURED TEST REQUIRED QCS	NUMERIC

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION QCS REQUIRED FOR CURRENTLY INSURED TEST POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
45	2	INSD-CIS-HAS	INSURED STATUS CURRENTLY INSURED HAS QUARTERS OF COVERAGE	NUMERIC
			DESCRIPTION TOTAL QC COUNT FOR CURRENTLY INSURED TEST POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
47	1	INSD-HIS-XMT	INSURED STATUS HEALTH BENEFITS INSURED EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS HEALTH BENEFITS INSURED EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
48	1	INSD-HIS-NXMT	INSURED STATUS HEALTH BENEFITS INSURED NON-EXCLUSION TEST MET	CHARACTER
			DESCRIPTION INSURED STATUS HEALTH BENEFITS INSURED NON-EXCLUSION TEST MET POSSIBLE-VALUES Y = TEST MET N = TEST NOT MET BLANK = TEST DOES NOT APPLY	
49	2	INSD-HIS-REQ	INSURED STATUS HEALTH BENEFITS INSURED TEST QCS REQUIRED	NUMERIC
			DESCRIPTION QCS REQUIRED FOR HEALTH BENEFITS INSURED TEST POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
51	2	INSD-HIS-HAS	INSURED HAS QUARTERS OF COVERAGE FOR HEALTH BENEFITS TEST	NUMERIC

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION QUARTERS OF COVERAGE FOR HEALTH BENEFITS INSURED TEST POSSIBLE-VALUES BLANK = TEST DID NOT APPLY ON CURRENT CLAIM	
53	1	INSD-MQGE-IND	MEDICARE QUALIFIED GOVERNMENT EMPLOYEE QUARTER OF COVERAGE REQUIRED INDICATOR DESCRIPTION MEDICARE QUALIFIED GOVERNMENT EMPLOYEE QUARTER OF COVERAGE REQUIRED INDICATOR POSSIBLE-VALUES Y = MQGE NEEDED FOR INSURED STATUS BLANK = SSA INSURED	CHARACTER
54	3	INSD-OTH-START-REL	INSURED START DATE ON OTHER SOCIAL SECURITY NUMBER DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION THE DATE THAT BENEFITS STARTED ON THE SOCIAL SECURITY NUMBER CONTAINED IN FIELD INSD-OTHER-SSN	PACKED
57	9	INSD-OTHER-SSN	INSURED STATUS ON OTHER SSN DESCRIPTION SSN FOR EARNING RECORD ON WHICH THE INSURED STATUS TEST IS MET	CHARACTER
66	1	INSD-STBL-IND	STATUTORY BLINDNESS ESTABLISHED INDICATOR DESCRIPTION STATUTORY BLINDNESS ESTABLISHED INDICATOR POSSIBLE-VALUES Y = DISABILITY DETERMINATION LISTING AND BASIS CODES ESTABLISH STATUTORY BLINDNESS FOR CLAIMANT BLANK = NO STATUTORY BLINDNESS INVOLVEMENT	CHARACTER
67	1	INSD-CONV	INSURED STATUS DATA CONVERSION INDICATOR DESCRIPTION	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			INSD DATA OCCURRENCE UPDATED BY MBR CONVERSION	
			POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	76	AREP	APPOINTED REPRESENTATION DATA GROUP	GROUP
			DESCRIPTION STORES APPOINTED REPRESENTATION DATA HISTORICALLY *** NOT ACTIVATED FOR T2R3 ***	
0	3	AREP-DEC-DATE-REL-D	ALJ/HEARING DECISION DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE ACTUAL DATE OF THE ALJ/HEARING DECISION (MMDDYYYY) MANDATORY	
3	2	AREP-ACIC	APPOINTING CLAIMANT IDENTIFICATION CODE	CHARACTER
			DESCRIPTION THE CLAIMANT WHO SIGNED THE AGREEMENT WITH THE REPRESENTATIVE IS THE APPOINTING CLAIMANT MANDATORY	
5	3	AREP-BEN-DEC-REL-D	APPOINTED FEE BENEFIT DECISION DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION DATE OF DECISION TO AWARD BENEFITS (MMDDYYYY) MANDATORY	
8	3	AREP-ESTABLISH-REL-D	AREP ESTABLISHMENT DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE ACTUAL DAY AN OCCURRENCE OF AREP WAS UPDATED TO THE MBR (MMDDYYYY) MANDATORY	
11	3	AREP-RET-START-REL	APPOINTED REPRESENTATION START MONTH	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION FIRST MONTH OF RETROACTIVE BENEFITS (MMYYYY) MANDATORY	
14	3	AREP-RET-STOP-REL	APPOINTED REPRESENTATION STOP MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION LAST MONTH OF RETROACTIVE BENEFITS (MMYYYY) MANDATORY	
17	4	AREP-AMT-HELD	APPOINTED REPRESENTATIVE AMOUNT WITHHELD	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION AMOUNT WITHHELD FROM ALL BENES FOR THIS APPOINTED REPRESENTATION PERIOD	
21	5	AREP-DUE-BENE	APPOINTED REPRESENTATION TOTAL PAST DUE BENEFITS	PACKED
			MONEY-FORMAT $$$$$$$CC DESCRIPTION CONTAINS THE CUMULATIVE PAST DUE BENEFITS TO ALL BENES ON THE ACCOUNT FROM WHICH APPOINTED REPRESENTATIVE FEES ARE WITHHELD FOR THIS REPRESENTATIVE PERIOD	
26	1	AREP-FEE-TYPE	APPOINTED FEE AGREEMENT TYPE	CHARACTER
			DESCRIPTION INDICATES THE APPOINTED FEE AGREEMENT TYPE POSSIBLE-VALUES A = APPROVED FEE AGREEMENT C = COURT DECISION D = DISAPPROVED FEE AGREEMENT M = MISAPPROVED FEE AGREEMENT INPUT P = FEE PETITION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			U = UNDECIDED BLANK =	
27	1	AREP-FEE-STATS	APPOINTED FEE STATUS INDICATOR	CHARACTER
			DESCRIPTION INDICATES THE STATUS OF THE APPOINTED FEE POSSIBLE-VALUES A = AUTHORIZED D = DIRECT PAYMENT WAIVED F = FEE WAIVED R = REVOCATION OF AGREEMENT W = WITHDRAWN BLANK =	
28	2	AREP-AGMT-PCT	APPOINTED REPRESENTATION FEE AGREEMENT PERCENTAGE	PACKED
			DESCRIPTION APPOINTED REPRESENTATION FEE AGREEMENT PRECENTAGE POSSIBLE-VALUES RANGE 1-25% - FEE TYPE IS A 0% - FEE TYPE IS P, D, OR U	
30	4	AREP-AGMT-AMT	APPOINTED REPRESENTATION FEE AGREEMENT AMOUNT	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION APPOINTED FEE AMOUNT	
34	4	AREP-AUTHRZFEE	APPOINTED REPRESENTATIVE AUTHORIZED FEE	PACKED
			MONEY-FORMAT $$$$$CC DESCRIPTION FEE AUTHORIZED FOR PAYMENT TO APPOINTED REPRESENTATIVE	
38	2	AREP-NUMATTY	APPOINTED REPRESENTATION NUMBER OF ATTORNEY REPS	NUMERIC
			DESCRIPTION APPOINTED REPRESENTATION NUMBER OF ATTORNEY REPS	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
40	2	AREP-NONATTY	APPOINTED REPRESENTATION NUMBER OF NON ATTORNEY REPS	NUMERIC

DESCRIPTION
APPOINTED REPRESENTATION NUMBER OF NON ATTORNEY REPS

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
42	4	AREP-ESCROW	APPOINTED REPRESENTATIVE ESCROW AMOUNT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
MONEY THE CLAIMANT GAVE TO THE APPOINTED REPRESENTATIVE
TO BE HELD IN ESCROW

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
46	4	AREP-EXCSS-HLD	APPOINTED REPRESENTATION EXCESS AMOUNT HELD	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
EXCESS MONEY THAT WAS WITHHELD TO PAY THE APPOINTED
REPRESENTATIVE AND RELEASE TO THE BENEFICIARY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
50	3	AREP-EXCSS-PD-REL-D	APPOINTED REPRESENTATION EXCESS RELEASE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE THE EXCESS MONEY WAS RELEASED TO THE BENE (MMDDYYYY)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
53	1	AREP-EXCSS-RSN	APPOINTED REPRESENTATION EXCESS REASON	CHARACTER

DESCRIPTION
APPOINTED REPRESENTATION EXCESS REASON

POSSIBLE-VALUES
D = DIRECT PAYMENT OF FEE WAIVED
F = FEE WAIVED
P = PROTEST APPROVED
R = REDUCED FEE TO LEGAL REPRESENTATIVE
W = SYSTEM WITHHELD MORE MONEY THAN AUTHORIZED FEE
BLANK =

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
54	3	AREP-REV-FILED-REL-D	APPOINTED REPRESENTATION ADMINISTRATIVE REVIEW FILE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE A PROTEST WAS FILED (MMDDYYYY)

57	1	AREP-REVREQSTR	APPOINTED REPRESENTATION ADMINISTRATIVE REVIEW REQUESTOR	CHARACTER

DESCRIPTION
REPRESENTS WHO FILED THE PROTEST

POSSIBLE-VALUES
R = APPOINTED REPRESENTATIVE
D = DECISION MAKER
C = CLAIMANT
A = AUXILIARY BENEFICIARY
BLANK =

58	1	AREP-REV-RSN	APPOINTED REPRESENTATION ADMINISTRATION REVIEW REASON	CHARACTER

DESCRIPTION
REPRESENTS WHAT IS BEING PROTESTED

POSSIBLE-VALUES
D = REVIEW OF A DETERMINATION DISAPPROVING THE AGREEMENT
M = PROTEST PERTAINS TO MONIES AUTHORIZED
BLANK =

59	1	AREP-REV-STS	APPOINTED REPRESENTATION ADMINISTRATION REVIEW STATUS	CHARACTER

DESCRIPTION
REPRESENTS THE STATUS OF THE PROTEST

POSSIBLE-VALUES
P = PROTEST IS PENDING; NOT YET ACTED UPON
C = GOOD CAUSE NOT ESTABLISHED
I = IMPROPER PARTY REQUESTED REVIEW
E = DECISION MAKER DID NOT ESTABLISH EVIDENCE
A = DISAPPROVAL AFFIRMED
R = DISAPPROVAL REVERSED
U = FEE AGREE
BLANK =

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
60	4	AREP-REV-AMT	APPOINTED REPRESENTATION ADMINISTRATIVE REVIEW ADJUSTMENT AMOUNT MONEY-FORMAT $$$$$CC DESCRIPTION REPRESENTS THE AMOUNT IF ADJUSTMENT THE MADE BASED ON ADMINISTRATIVE REVIEW. IF FIELD IS LESS THAN ZERO IT REPRESENTS A DECREASE IN THE AUTHORIZED FEE AMOUNT. IF THE FIELD IS GREATER THAN ZERO IT REPRESENTS AN INCREASE TO THE AUTHORIZED FEE AMOUNT. IF THE FIELD EQUALS ZERO THERE WAS NO CHANGE TO THE AMOUNT	PACKED
64	1	AREP-REV-DECBY	APPOINTED REPRESENTATIVE ADMINISTRATIVE REVIEW DECISION MADE BY DESCRIPTION INDICATES WHO DECIDED THE FINAL STATUS OF THE PROTEST POSSIBLE-VALUES A = AC C = COURT J = ALJ R = PC REVIEWER BLANK =	CHARACTER
65	1	AREP-CONV	APPOINTED REPRESENTATIVE CONVERSION INDICATOR DESCRIPTION AREP CONVERSION INDICATOR POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK =	CHARACTER
66	10		FILLER	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	37	ARID	APPOINTED REPRESENTATIVE DATA GROUP	GROUP
			DESCRIPTION STORES APPOINTED REPRESENTATIVE DATA HISTORICALLY *** NOT ACTIVATED FOR T2R3 ***	
0	3	ARID-DEC-DATE-REL-D	ALJ/HEARING DECISION DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION DATE OF ALJ/HEARING DECISION (MMDDYYYY) MANDATORY	
3	2	ARID-ACIC	CLAIMANT PAYMENT IDENTIFICATION CODE	CHARACTER
			DESCRIPTION THE CLAIMANT WHO SIGNED THE AGREEMENT WITH THE REPRESENTATIVE IS THE APPOINTING PIC MANDATORY	
5	1	ARID-REP-TYPE	APPOINTED REPRESENTATIVE TYPE	CHARACTER
			DESCRIPTION APPOINTED REPRESENTATIVE TYPE MANDATORY	
			POSSIBLE-VALUES A = APPOINTED REPRESENTATIVE IS AN ATTORNEY N = APPOINTED REPRESENTATIVE IS A NON ATTORNEY F = FIRM	
6	9	ARID-ID	APPOINTED REPRESENTATIVE IDENTIFICATION NUMBER	CHARACTER
			DESCRIPTION THE APPOINTED REPRESENTATIVE'S SOCIAL SECURITY NUMBER OR RANDOM IDENTIFICATION NUMBER	
15	1	ARID-INDICATOR	APPOINTED REPRESENTATIVE INDICATOR	CHARACTER
			DESCRIPTION INDICATES THE APPOINTED REPRESENTATIVE	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES R = RANDOM IDENTIFICATION NUMBER BLANK = DEFAULT (ARID-ID-NO EQUALS REPRESENTATIVE'S SSN)	
16	9	ARID-TIN	APPOINTED REPRESENTATIVE TAX IDENTIFICATION NUMBER	CHARACTER
			DESCRIPTION APPOINTED REPRESENTATIVE TAX IDENTIFICATION NUMBER	
25	1	ARID-TIN-TYPE	APPOINTED REPRESENTATIVE TAX IDENTIFICATION NUMBER TYPE	CHARACTER
			DESCRIPTION APPOINTED REPRESENTATIVE TAX IDENTIFICATION NUMBER TYPE	
			POSSIBLE-VALUES E = EMPLOYEE IDENTIFICATION NUMBER S = REPRESENTATIVE IDENTIFICATION NUMBER	
26	1	ARID-PRIMARY	PRIMARY APPOINTED REPRESENTATIVE	CHARACTER
			DESCRIPTION PRIMARY APPOINTED REPRESENTATIVE	
			POSSIBLE-VALUES Y = PRIMARY APPOINTED REPRESENTATIVE FOR THE ACCOUNT WHEN MORE THAN ONE REPRESENTATIVE IS INVOLVED BLANK =	
0				
27	10		FILLER	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	ACCT-OPEN-INDS	ACCOUNT AREA OPEN SPACE	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0				
0	1000		FILLER	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	44	FPD	FIXED PAYMENT DATA	GROUP

DESCRIPTION
CONSISTS OF DATA NECESSARY TO STEP THROUGH THE PAYMENT AND BENEFIT PORTIONS OF THE RECORD.
APPEARS ONCE FOR EACH PAYMENT IN THE ACCOUNT AS INDICATED BY THE NUMBER OF PAYMENTS (ANOP) IN FIXED ACCOUNT DATA (FAD). FPD IS UPDATED BY SUBFIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	PIC	PAYMENT IDENTIFICATION CODE	CHARACTER

DESCRIPTION
MAXIMUM NUMBER OF PIC'S (ANOP) ON THE MBR IS 20 EFFECTIVE COM 9/97. COMBINED PIC'S WERE ELIMINATED IN COM 5/98.

POSSIBLE-VALUES

&0 - (HEX VALUE = 'C0')
ON 05/01/98 ALL COMBINED PICS(&0) WERE SPLIT.
THERE ARE NO LONGER ANY PIC 0'S ON THE MBR.
THE DEFINITION IS BEING RETAINED FOR HISTORICAL PURPOSES.

&0 - (HEX VALUE = 'C0')
COMBINED A AND B BENEFICIARY IN SAME PAYMENT (NOTE: IN SITUATION WHERE, ONE OF THE BENEFICIARIES HAS BEEN SUSPENDED OR TERMINATED, A SINGLE BENEFICIARY MAY REMAIN IN THE PIC &0 WITH A LAF OTHER THAN C, D, OR E.)

A - PRIMARY CLAIMANT
B - AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
B1 - AGED HUSBAND, AGE 62 OR OVER (1ST CLAIMANT)
B2 - YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT)
B3 - AGED WIFE (2ND CLAIMANT)
B4 - AGED HUSBAND (2ND CLAIMANT)
B5 - YOUNG WIFE (2ND CLAIMANT)
B6 - DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)
B7 - YOUNG WIFE (3RD CLAIMANT)
B8 - AGED WIFE (3RD CLAIMANT)
B9 - DIVORCED WIFE (2ND CLAIMANT)
BA - AGED WIFE (4TH CLAIMANT)
BD - AGED WIFE (5TH CLAIMANT)
BG - AGED HUSBAND (3RD CLAIMANT)
BH - AGED HUSBAND (4TH CLAIMANT)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BJ - AGED HUSBAND (5TH CLAIMANT)	
			BK - YOUNG WIFE (4TH CLAIMANT)	
			BL - YOUNG WIFE (5TH CLAIMANT)	
			BN - DIVORCED WIFE (3RD CLAIMANT)	
			BP - DIVORCED WIFE (4TH CLAIMANT)	
			BQ - DIVORCED WIFE (5TH CLAIMANT)	
			BR - DIVORCED HUSBAND (1ST CLAIMANT)	
			BT - DIVORCED HUSBAND (2ND CLAIMANT)	
			BW - YOUNG HUSBAND (2ND CLAIMANT)	
			BY - YOUNG HUSBAND (1ST CLAIMANT)	
			RANGE C1 THRU C9 - CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	
			RANGE CA THRU CR - CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	
			D - AGED WIDOW, AGE 60 OR OVER (1ST CLAIMANT)	
			D1 - AGED WIDOWER, AGE 60 OR OVER (1ST CLAIMANT)	
			D2 - AGED WIDOW (2ND CLAIMANT)	
			D3 - AGED WIDOWER (2ND CLAIMANT)	
			D4 - WIDOW (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)	
			D5 - WIDOWER (REMARRIED AFTER ATTAINMENT OF AGE 60)(1ST CLAIMANT)	
			D6 - SURVIVING DIVORCED WIFE, AGE 60 OR OVER (1ST CLAIMANT)	
			D7 - SURVIVING DIVORCED WIFE (2ND CLAIMANT)	
			D8 - AGED WIDOW (3RD CLAIMANT)	
			D9 - REMARRIED WIDOW (2ND CLAIMANT)	
			DA - REMARRIED WIDOW (3RD CLAIMANT)	
			DC - SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)	
			DD - AGED WIDOW (4TH CLAIMANT)	
			DG - AGED WIDOW (5TH CLAIMANT)	
			DH - AGED WIDOWER (3RD CLAIMANT)	
			DJ - AGED WIDOWER (4TH CLAIMANT)	
			DK - AGED WIDOWER (5TH CLAIMANT)	
			DL - REMARRIED WIDOW (4TH CLAIMANT)	
			DM - SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)	
			DN - REMARRIED WIDOW (5TH CLAIMANT)	
			DP - REMARRIED WIDOWER (2ND CLAIMANT)	
			DQ - REMARRIED WIDOWER (3RD CLAIMANT)	
			DR - REMARRIED WIDOWER (4TH CLAIMANT)	
			DS - SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)	
			DT - REMARRIED WIDOWER (5TH CLAIMANT)	
			DV - SURVIVING DIVORCED WIFE (3RD CLAIMANT)	
			DW - SURVIVING DIVORCED WIFE (4TH CLAIMANT)	
			DX - SURVIVING DIVORCED HUSBAND (4TH CLAIMANT)	
			DY - SURVIVING DIVORCED WIFE (5TH CLAIMANT)	
			DZ - SURVIVING DIVORCED HUSBAND (5TH CLAIMANT)	
			E - MOTHER (WIDOW) (1ST CLAIMANT)	
			E1 - SURVIVING DIVORCED MOTHER (1ST CLAIMANT)	
			E2 - MOTHER (WIDOW) (2ND CLAIMANT)	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			E3 - SURVIVING DIVORCED MOTHER (2ND CLAIMANT)	
			E4 - FATHER (WIDOWER) (1ST CLAIMANT)	
			E5 - SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT)	
			E6 - FATHER (WIDOWER) (2ND CLAIMANT)	
			E7 - MOTHER (WIDOW) (3RD CLAIMANT)	
			E8 - MOTHER (WIDOW) (4TH CLAIMANT)	
			E9 - SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)	
			EA - MOTHER (WIDOW) (5TH CLAIMANT)	
			EB - SURVIVING DIVORCED MOTHER (3RD CLAIMANT)	
			EC - SURVIVING DIVORCED MOTHER (4TH CLAIMANT)	
			ED - SURVIVING DIVORCED MOTHER (5TH CLAIMANT)	
			EF - FATHER (WIDOWER) (3RD CLAIMANT)	
			EG - FATHER (WIDOWER) (4TH CLAIMANT)	
			EH - FATHER (WIDOWER) (5TH CLAIMANT)	
			EJ - SURVIVING DIVORCED FATHER (3RD CLAIMANT)	
			EK - SURVIVING DIVORCED FATHER (4TH CLAIMANT)	
			EM - SURVIVING DIVORCED FATHER (5TH CLAIMANT)	
			F1 - FATHER	
			F2 - MOTHER	
			F3 - STEPFATHER	
			F4 - STEPMOTHER	
			F5 - ADOPTING FATHER	
			F6 - ADOPTING MOTHER	
			F7 - SECOND ALLEGED FATHER	
			F8 - SECOND ALLEGED MOTHER	
			RANGE G1 THRU G9 - CLAIMANTS OF LUMP-SUM DEATH BENEFITS	
			J1 - PRIMARY PROUTY ENTITLED TO HEALTH INSURANCE BENEFITS (HIB) (LESS THAN 3 QUARTERS OF COVERAGE (Q.C.) (GENERAL FUND)	
			J2 - PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RETIREMENT AND SURVIVORS INSURANCE (RSI) TRUST FUND)	
			J3 - PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)	
			J4 - PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)	
			K1 - PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)	
			K2 - PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)	
			K3 - PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)	
			K4 - PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)	

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			K5 - PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)	
			K6 - PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)	
			K7 - PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)	
			K8 - PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)	
			K9 - PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)	
			KA - PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)	
			KB - PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)	
			KC - PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)	
			KD - PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)	
			KE - PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (4TH CLAIMANT)	
			KF - PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)	
			KG - PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (4TH CLAIMANT)	
			KH - PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (5TH CLAIMANT)	
			KJ - PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (5TH CLAIMANT)	
			KL - PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (5TH CLAIMANT)	
			KM - PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (5TH CLAIMANT)	
			M - UNINSURED BENEFICIARY (NOT QUALIFIED FOR AUTOMATIC HIB)	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			M1 - UNINSURED BENEFICIARY (QUALIFIED FOR AUTOMATIC HIB BUT REQUESTS ONLY SUPPLEMENTAL MEDICAL INSURANCE BENEFITS (SMIB))	
			T - UNINSURED BENEFICIARY OR RENAL DISEASE BENEFICIARY ONLY	
			TA - MEDICARE QUALIFIED GOVERNMENT EMPLOYMENT (MQGE) PRIMARY BENEFICIARY	
			TB - MQGE AGED SPOUSE (1ST CLAIMANT)	
			TC - MQGE DISABLED ADULT CHILD (DAC) (1ST CLAIMANT)	
			TD - MQGE AGED WIDOW(ER) (1ST CLAIMANT)	
			TE - MQGE YOUNG WIDOW(ER) (1ST CLAIMANT)	
			TF - MQGE PARENT (MALE)	
			TG - MQGE AGED SPOUSE (2ND CLAIMANT)	
			TH - MQGE AGED SPOUSE (3RD CLAIMANT)	
			TJ - MQGE AGED SPOUSE (4TH CLAIMANT)	
			TK - MQGE AGED SPOUSE (5TH CLAIMANT)	
			TL - MQGE AGED WIDOW(ER) (2ND CLAIMANT)	
			TM - MQGE AGED WIDOW(ER) (3RD CLAIMANT)	
			TN - MQGE AGED WIDOW(ER) (4TH CLAIMANT)	
			TP - MQGE AGED WIDOW(ER) (5TH CLAIMANT)	
			TQ - MQGE PARENT (FEMALE)	
			TR - MQGE YOUNG WIDOW(ER) (2ND CLAIMANT)	
			TS - MQGE YOUNG WIDOW(ER) (3RD CLAIMANT)	
			TT - MQGE YOUNG WIDOW(ER) (4TH CLAIMANT)	
			TU - MQGE YOUNG WIDOW(ER) (5TH CLAIMANT)	
			TV - MQGE DISABLED WIDOW(ER) (5TH CLAIMANT)	
			TW - MQGE DISABLED WIDOW(ER) (1ST CLAIMANT)	
			TX - MQGE DISABLED WIDOW(ER) (2ND CLAIMANT)	
			TY - MQGE DISABLED WIDOW(ER) (3RD CLAIMANT)	
			TZ - MQGE DISABLED WIDOW(ER) (4TH CLAIMANT)	
			RANGE T2 THRU T9 - MQGE (DAC) (2ND TO 9TH CLAIMANT)	
			W - DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)	
			W1 - DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)	
			W2 - DISABLED WIDOW (2ND CLAIMANT)	
			W3 - DISABLED WIDOWER (2ND CLAIMANT)	
			W4 - DISABLED WIDOW (3RD CLAIMANT)	
			W5 - DISABLED WIDOWER (3RD CLAIMANT)	
			W6 - DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)	
			W7 - DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)	
			W8 - DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)	
			W9 - DISABLED WIDOW (4TH CLAIMANT)	
			WB - DISABLED WIDOWER (4TH CLAIMANT)	
			WC - DISABLED SURVIVING DIVORCED WIFE	

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			(4TH CLAIMANT) WF - DISABLED WIDOW (5TH CLAIMANT) WG - DISABLED WIDOWER (5TH CLAIMANT) WJ - DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT) WR - DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT) WT - DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)	
2	2	PNOB	PAYMENT NUMBER OF BENEFICIARIES	NUMERIC
			DESCRIPTION DEFINITION ON THE PUT RECORD: REFLECTS THE NUMBER OF BENEFICIARY CONTROL DATA FIELDS INCLUDED IN THE UPDATE RECORD (PUT). OPERATIONAL CONSIDERATIONS PNOB MUST BE '00' IF THERE ARE NONE.	
4	5	MPA	MONTHLY PAYMENT AMOUNT	NUMERIC
			MONEY-FORMAT $$$$C DESCRIPTION DUMAS GENERATES THE MPA BY MOVING THE NMBP FROM THE PUT TO THE MPA ON THE MBR. MPA IS ONLY PRESENT FOR BENEFICIARIES IN LAF C OR E. MPA IS ZERO FOR LAFS OTHER THAN C OR E. POSSIBLE-VALUES ZEROS - OTHER THAN CURRENT PAYMENT	
9	1	PSC	PAYMENT STATUS CODE	CHARACTER
			POSSIBLE-VALUES B BIT - 1 ALL THE TIME A BIT - 1 IF CURRENT PAYMENT STATUS 8 BIT - 1 IF ADVANCE FILING 4 BIT - 0 ALL THE TIME 2 BIT - 1 IF LUMP SUM PAYMENT 1 BIT - 1 IF FOREIGN ADDRESSED PAYMENT	
10	1	FLOA	FIRST LINE OF ADDRESS	NUMERIC
			DESCRIPTION	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DEFINITION REFLECTS FIRST LINE AFTER THE PAYEE LEGEND. PROCESSING INFORMATION ON THE MBR AND LBI RECORDS: FLOA WILL BE ZERO (0) IF NO ADDRESS DATA IS ON THE RECORD. ON THE PUT RECORD: FOR UPDATE RECORDS (PUT) WHICH CONTAIN NO PAYMENT NAME AND ADDRESS (PNA) DATA, FIRST LINE OF ADDRESS (FLOA) WILL BE LEFT BLANK. FOR PUT RECORDS WHICH DO CONTAIN PNA DATA, ENTER THE NUMBER OF THE INCLUDED PNA LINE WHICH REPRESENTS THE FLOA (IMMEDIATELY FOLLOWING THE PAYEE LEGEND). FOR PUT RECORDS CONTAINING PNA DATA, BUT NO PAYEE NAME AND LEGEND, ENTER A ZERO (0) IN FLOA.	
11	1	LLOA	LAST LINE OF ADDRESS	NUMERIC
			DESCRIPTION DEFINITION ON THE MBR AND LBI RECORDS: REFLECTS TOTAL LINES OF NAME AND ADDRESS DATA PRESENT MINIMUM NUMBER OF LINES IS TWO (2), MAXIMUM IS SIX (6), IF ADDRESS IS PRESENT. WILL BE ZERO (0) IF NO ADDRESS DATA IS ON THE RECORD. ON THE PUT RECORD: FOR UPDATE RECORDS (PUT) WHICH CONTAIN NO PAYMENT NAME AND ADDRESS (PNA) DATA, ENTER A ZERO (0) IN THE LAST LINE OF ADDRESS (LLOA) FIELD. FOR PUT RECORDS WHICH DO CONTAIN PNA LINES, ENTER THE NUMBER OF THE INCLUDED PNA LINE WHICH REPRESENTS THE LLOA. SINCE PUT RECORDS WITH PNA DATA WILL REQUIRE A MINIMUM OF TWO (2) PNA LINES, THE LOWEST NUMBER WHICH MAY BE ENTERED FOR SUCH PUT RECORDS WILL BE TWO (2) EXCEPT WHERE FIRST LINE OF ADDRESS (FLOA) IS ZERO (0). THE MAXIMUM NUMBER OF PNA LINES THAT MAY BE INCLUDED IN A PUT IS SIX (6); THEREFORE, THE HIGHEST NUMBER THAT MAY BE ENTERED IN LLOA WILL BE SIX (6). WHERE ONLY ONE (1) LINE OF CHANGE DATA IS NECESSARY, PAYMENT NAME AND ADDRESS TWO (PNA2) WILL BE BLANK.	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

RECORDS WHERE FLOA IS ZERO (0) MAY HAVE A LLOA OF ONE (1)
AND HAVE ONE (1) PNA LINE.

12 3 DOC — DISTRICT OFFICE CODE — CHARACTER

DESCRIPTION
REPRESENTS THE DISTRICT OFFICE CODE SERVICING THIS PAYMENT.
EFFECTIVE 11/22/00 (COM 12/00), THE DOC ON THE MBR CAN
CONTAIN ANY COMBINATION OF ALPHA/NUMERIC VALUES. SEE DOORS
(DETAILED OFFICE/ORGANIZATION RESOURCE SYSTEM) AS REFERENCE
FOR DOCS.

POSSIBLE-VALUES
ANY COMBINATION OF 3 ALPHA/NUMERIC VALUES

(INCLUDING 3 ALPHA VALUES)
BLANK - DOC IS UNKNOWN

ASTERISKS IN THE PUT WILL RESULT IN THE DELETION
OF THE DOC FROM THE MBR

15 5 SCC — STATE AND COUNTY CODE — NUMERIC

BASIC-EDIT-CRITERIA
SCC MUST BE COMPLETED WHEN STATE AND COUNTY CODE (SCC)
DATA OR PAYMENT IDENTIFICATION CODE (PIC) CHANGES.

POSSIBLE-VALUES
ON THE MBR AND LBI RECORDS:
BLANK - IF UNKNOWN OR QUESTIONABLE, OR MAY BE ZONED MINUS

ON THE PUT RECORD:
MINUS - OVER THE UNITS POSITION IF QUESTIONABLE

ON ALL RECORDS:
CODES - SEE 'GEOGRAPHIC CODE BOOK'

20 5 ZIP — ZIP CODE — CHARACTER

POSSIBLE-VALUES
ON THE MBR AND LBI RECORDS:
BLANK - UNKNOWN OR QUESTIONABLE

ON THE PUT RECORD:
BLANK - UNCHANGED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			ON ALL RECORDS: CODES - SEE 'NATIONAL ZIP CODE DIRECTORY' OR, IF FOREIGN ADDRESS, 2 BLANKS IN LEFTMOST POSITION AND CONSULAR OFFICE CODE (COC) IN 3 RIGHTMOST POSITIONS. (IF COC IS UNKNOWN, 2 BLANKS AND 3 ZEROS.)	
25	4	ZIP-ADD-ON	ZIP CODE ADD ON	CHARACTER
29	3	ZDPC	ZIP DELIVERY POINT CODE	CHARACTER
			DESCRIPTION REPRESENTS LAST 2 DIGITS OF HOUSE NUMBER AND 1 POSITION CONTROL CHARACTER. ZDPC IS GENERATED BY ZIP MANAGEMENT SOFTWARE (MISCOR) AND IS USED TO CREATE THE USPS ADVANCED BAR CODE FOR SSA MAIL. PROVIDES FOR DISCOUNT POSTAL COSTS.	
32	3	RPD	RUN PROCESSING DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION REPRESENTS THE RUN PROCESSING DATE (PE RUN DATE) FOR THE LAST ACTION UPDATED TO THE MBR. PRIOR TO THE 9/93 MBR REWRITE, THE RPD DID NOT CONTAIN THE YEAR. IN PREPARATION FOR YEAR 2000, THE YEAR WAS ADDED TO RPD. DURING THE MBR CONVERSION FOR THE 9/93 MBR REWRITE, SINCE THE YEAR WAS UNKNOWN, THE CONVERSION GENERATED A YEAR OF 1800 IN RPD. THE LIMIT AND QUERY SOFTWARE DISPLAYS ?? (QUESTION MARKS) IN THE YEAR POSITION OF THESE RPD'S WHEN THE YEAR EQUALS 1800, SINCE THE YEAR IS UNKNOWN. EFFECTIVE WITH THE 9/93 MBR REWRITE, THE ACTUAL RPD YEAR IS ANNOTATED TO THE MBR.	
35	1	LAP	LAST ACTION PROCESSED	CHARACTER
			DESCRIPTION DEFINITION REFLECTS THE SEARCH SORT CODE (SSC) OF THE LAST ACTION PROCESSED FOR THE PAYMENT.	
36	1	IIC	IMMEDIATE PAYMENT CRITICAL CASE INDICATION CODE	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION REFLECTS CPS INVOLVEMENT. THE IIC IS DELETED FROM THE MBR BY MUMAINT AFTER CPS INVOLVEMENT IS COMPLETED. POSSIBLE-VALUES I - PAYMENT HAS BEEN MADE BY CPS SPACE - DEFAULT VALUE FOR DATA PURIFICATION	
37	1	MUIC	MONTHLY UPDATE INFORMATION CODE DESCRIPTION PROCESSING INFORMATION MUIC IS FOR INTERNAL DUMAS USE ONLY.	CHARACTER
38	3	EDA	EFFECTIVE DATE OF ADDRESS DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF EFFECTIVE DATE OF ADDRESS ACTIVATED 6/94 WITH HISTORICAL ADDRESS DATA	PACKED
41	3	EDL	EFFECTIVE DATE OF PAYMENT LEGEND DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH,DAY AND YEAR (MDDYY) OF EFFECTIVE DATE OF PAYMENT LEGEND ACTIVATED 6/94 WITH HISTORICAL ADDRESS DATA	PACKED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	PNA	PAYMENT NAME AND ADDRESS LINE	CHARACTER

DESCRIPTION

THE TOTAL NUMBER OF PAYMENT NAME AND ADDRESS (PNA) LINES IS INDICATED BY LAST LINE OF ADDRESS (LLOA).

THE NUMBER OF LINES OF THE PAYEE LEGEND (NAME) IS ONE (1) LESS THAN FIRST LINE OF ADDRESS (FLOA). IF FLOA AND LLOA ARE ZERO (0), THIS FIELD WILL NOT BE PRESENT.

NAME AND ADDRESS DATA WILL BE INCLUDED IN UPDATE RECORD (PUT) ACTIONS RECORDED AS INDIVIDUAL PNA LINES.

MINIMUM PNA LINES IS ONE (1), UNLESS FLOA IS ZERO (0), THEN THE MINIMUM PNA LINES IS TWO (2).
MAXIMUM PNA LINES IS SIX (6).

PNA IS UPDATED AS A COMPLETE REPLACEMENT FIELD.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	OTRD	OLD TRANSACTION DATA	GROUP

DESCRIPTION
USED PRIOR TO THE END OF THE CURRENT OPERATING MONTH (COM) TO DETERMINE THE PROPER ROUTING OF HOLD CHECK AND REDIRECT ACTIONS.

OTRD IS GENERATED BY DUMAS AND DUMAS SENDS THE OZIP TO TREASURY WITH HOLD CHECK FILE WHEN THE OTOM EQUALS COM. TREASURY NEEDS THE OZIP TO SORT HOLD CHECKS.

USED ONLY FOR THE TREASURY OPERATION . OTRD IS DELETED THE LAST DAYS OF COM THE BY THE ORBIT UPDATE.

PROCESSING INFORMATION
DATA IS REQUIRED TO ISSUE HOLD CHECK

ACTIONS AFTER A CHANGE OF ZIP CODE

0	5	OZIP	OLD ZIP	NUMERIC

POSSIBLE-VALUES
ZEROS - UNKNOWN
CODES - SEE NATIONAL ZIP CODE DIRECTORY
OR,
IF OLD ZIP CONSULAR OFFICE CODE (OZCOC) INDICATOR INDICATES CONSULAR CODE IS PRESENT (OZCOC = C), THE FIRST 2 POSITIONS ARE BLANK AND THE LAST 3 CONTAIN THE CONSULAR OFFICE CODE (COC)

0

5	4		FILLER	
9	3	OTOM	OLD TRANSACTION OPER. MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF OLD TRANSACTION OPER. MONTH

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	32	BID	BANK INFORMATION DATA	GROUP
			DESCRIPTION BID IS A COMPLETE REPLACEMENT FIELD. ASTERISKS (*) IN THE ENTIRE FIELD WILL DELETE BID. PHUS CAPTURES HISTORICAL BANK INFORMATION DATA.	
0	8	RTN	ROUTING AND TRANSIT NUMBER	CHARACTER
			DESCRIPTION DEFINITION THE NUMBER ASSIGNED TO THE FINANCIAL INSTITUTION RECEIVING THE DIRECT DEPOSIT PAYMENT	
8	1	CKDC	CHECK DIGIT CODE	NUMERIC
			DESCRIPTION THE ONE POSITION CODE ASSIGNED BY THE FEDERAL RESERVE SYSTEM FOR VALIDATING THE RTN.	
9	1	DDCO	DIRECT DEPOSIT CODE	CHARACTER
			POSSIBLE-VALUES C - CHECKING E - ELECTRONIC BENEFITS TRANSFER (EBT) S - SAVINGS	
10	17	DAN	DEPOSITORS ACCOUNT NUMBER	CHARACTER
			DESCRIPTION DEFINITION THE DEPOSITOR'S BANK ACCOUNT NUMBER UNDER WHICH PAYMENT IS TO BE DEPOSITED.	
27	3	BDCD	BANK DATA CHANGE DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF BANK DATA CHANGE DATE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
30	1	DDEC	DIRECT DEPOSIT EXEMPTION CODE (NOT ACTIVATED)	CHARACTER

POSSIBLE-VALUES
- 1 - PAYMENTS GOING TO A COUNTRY WHERE IDD IS NOT AVAILABLE
- 2 - PAYMENTS TO A COUNTRY IDD IS AVAILABLE SSA NOT IMPOSING EFT
- 3 - LIVES IN REMOTE GEOGRAPHICAL AREA; EFT NOT READILY AVAILABLE
- 4 - REFUSED SERVICES BY DESIGNATED EBT PROVIDER
- 5 - NO EBT PROVIDER AVAILABLE IN STATE OF RESIDENCE
- 6 - HARDSHIP -LANGUAGE BARRIER
- 7 - HARDSHIP-FINANCIAL

31	1	SRCD	SOURCE CODE	CHARACTER

DESCRIPTION
THE SOURCE OF DIRECT DEPOSIT DATA. SRCD IS BEING ACTIVATED IN COM 12/97.

POSSIBLE-VALUES
- E - AUTO ENROLLMENT
- I - INTERNET INPUT SOURCE (ACTIVATED 6/23/01)
- N - NOC FROM BANK
- BLANK - FIELD OFFICE IS SOURCE FOR BID ESTABLISHED EFFECTIVE COM 12/97 OR LATER. FOR BID ESTABLISHED PRIOR TO COM 12/97, BLANK WAS DEFAULT VALUE (NO SOURCE CODE).

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	SPD	SPECIAL PAYMENT DATA	GROUP

DESCRIPTION
PURPOSE
USED IN THOSE SITUATIONS WHERE PAYMENT IS BEING DEFERRED
OR AN OVERPAYMENT OR UNDERPAYMENT IS INDICATED.

SPD IS A COMPLETE REPLACEMENT FIELD.

0	5	SPA	SPECIAL PAYMENT AMOUNT	PACKED

MONEY-FORMAT
$$$$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF THE OVERPAYMENT OR UNDERPAYMENT
OR THE AMOUNT OF THE FIRST (SCHEDULE) CHECK FOR A
DEFERRED PAYMENT.
OPERATIONAL CONSIDERATIONS
UNITS POSITION ZONED MINUS IF SPA IS QUESTIONABLE.

THE ONLY ZONING SHOULD BE NEGATIVE/MINUS AND IS CREATED
BY BRI SOFTWARE TO IDENTIFY A QUESTIONABLE SPA.

ANY ZONING OTHER THAN A MINUS BY BRI
WILL BECOME A DUMAS EXCEPTION.

POSSIBLE-VALUES
ON THE PUT RECORD:
ASTERISKS - TO DELETE THE FIELD

5	1	SPC	SPECIAL PAYMENT CODE	CHARACTER

POSSIBLE-VALUES
B BIT - 1 ALL THE TIME
A BIT - 1 IF OVERPAYMENT
8 BIT - 1 IF UNDERPAYMENT
4 BIT - 1 IF SCHEDULE PAYMENT - DEFERRED
2 BIT - 1 IF ADVANCE FILING CURRENT PAYMENT
1 BIT - 1 IF INCORRECT/MISCELLANEOUS PAYMENT

6	3	DPD	DEFERRED PAYMENT DATE	PACKED

DATE-FORMAT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			PACKED,MONTHS REL-1800	

DESCRIPTION
REFLECTS THE MONTH AND YEAR THE FIRST OR NEXT PAYMENT CAN BE MADE.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	24	SCH	SCHEDULE PAYMENT DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS PAYMENTS FOR THE CURRENT AND/OR PRIOR MONTH(S) (AS DETERMINED BY THE ACCRUAL MONTH - ACCRUAL DATE (ACD)).
PURPOSE
USED IN THOSE SITUATIONS WHERE A PRIOR MONTH ACCRUAL (PMA) OR CURRENT MONTH ACCRUAL (CMA) PAYMENT IS BEING PRODUCED.
SCH IS ALWAYS A COMPLETE REPLACEMENT FIELD IF THE ACD OF THE UPDATE RECORD (PUT) IS UNEQUAL TO THE ACD OF THE MASTER. WHEN THE TWO (2) ACD'S ARE EQUAL, THE UPDATE IS BY SUBFIELD.

0	7	PAMT	PRIOR MONTH ACCRUAL AMOUNT	NUMERIC

MONEY-FORMAT
$$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE TOTAL AMOUNT PAID BY SCHEDULED CHECK UP THROUGH THE MONTH PRIOR TO THE MONTH AS REFLECTED IN ACCRUAL DATE. PAYMENT IS ALWAYS MADE BY THE DAILY UPDATE OPERATION.
OPERATIONAL CONSIDERATIONS
ON THE PUT RECORD:
PRIOR MONTH ACCRUAL AMOUNT (PAMT) IS LEFT BLANK IF NO PRIOR MONTH ACCRUAL (PMA) PAYMENT IS CREATED.
PAMT MUST BE PRESENT, IF PRIOR MONTH ACCRUAL (PMA) IS TO BE PAID.

7	6	CAMT	CURRENT AMOUNT	NUMERIC

MONEY-FORMAT
$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE TOTAL AMOUNT TO BE PAID BY A CURRENT MONTH ACCRUAL (CMA) PAYMENT FOR THE ACD.

ON THE PUT RECORD:
CAMT MUST BE PRESENT, IF CURRENT MONTH ACCRUAL (CMA) IS TO BE PAID.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
13	3	ACD	ACCRUAL DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF ACCRUAL DATE
DEFINITION
REFLECTS THE CURRENT MONTH ACCRUAL DATE FOR THIS SCHEDULE PAYMENT ENTRY.

ON THE PUT RECORD:
ACD MUST BE PRESENT

16	1	OCO	ONE CHECK ONLY CODE	CHARACTER

DESCRIPTION
PURPOSE
USED WHERE PAYMENT IS NOT CONTINUING.

POSSIBLE-VALUES
L - LUMP SUM PAYMENT ONLY
1 - CURRENT MONTH ACCRUAL (CMA)
2 - PRIOR MONTH ACCRUAL (PMA)
3 - DAA SPECIAL NEEDS

17	1	SPI	SCHEDULE PAYMENT INDICATOR	CHARACTER

POSSIBLE-VALUES
ON THE MBR AND LBI RECORDS:
P - CURRENT MONTH ACCRUAL (CAMT) PAID BY DAILY UPDATE OPERATION
R - CAMT PAID BY MONTHLY MERGE
SPACE - PRIOR MONTH ACCRUAL (PMA) ONLY
ON THE PUT RECORD:
BLANK - PMA ONLY
P - PE APPLICATIONS WILL USE 'P' TO INDICATE THAT THE SCHEDULE PAYMENT WAS PRODUCED BY A PE PROGRAM; WHEN THIS IS USED, PAYMENT MUST BE MADE THROUGH THE DAILY UPDATE OPERATIONS (DUO) PROGRAM THAT PRODUCES CURRENT MONTH ACCRUAL (CMA) CHECKS
R - THIS CODE WILL BE ENTERED ONLY WHEN UI IS ZERO (0) AND IT IS DESIRED THAT THE CAMT AMOUNT BE PAID BY THE MONTHLY MERGE; WHEN THIS IS USED, NO PAYMENT IS TO BE MADE THROUGH DUO USING A CMA

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
18	1	PPI	PARENT PROGRAM INDICATOR	CHARACTER

DESCRIPTION
DEFINITION
INDICATES THE PROGRAM THAT PRODUCED PRIOR MONTH ACCRUAL (PMA) AND/OR CURRENT MONTH ACCRUAL (CMA)

POSSIBLE-VALUES
A - AUTOMATED JOB STREAM #1 (AJS1)
B - DIB CESSATION (TATTER)
C - AUTOMATED JOB STREAM #3 (AJS3)
G - MATURING ACTIONS (MAP) OBSOLETE EFFECTIVE 6/99 WITH T2R RELEASE 1
H - ANNUAL RETIREMENT (ARTO) - NEVER ACTIVATED
I - THIRD PARTY ANNOTATION OPERATION (TPAO) OBSOLETE EFFECTIVE 6/99 WITH T2R RELEASE 1
J - GARNISHMENT (NEVER ACTIVATED)
K - CLAIMS AUTOMATIC LUMP SUM (CALSCO) - OBSOLETE
M - T2 PROCESS (IMPLEMENTED 6/99 WITH T2R RELEASE 1)
O - DEBIT CONVERSION OPERATION (DEBCO)
R - RETURNED CHECK (REACT)
T - RECOVERY OVERPAYMENT ACCOUNTING RECORD (ROAR) (CMA'S ONLY)
U - MANUAL ADJUSTMENTS, CREDITS, AND AWARD PROCESS (MADCAP)
X - MODERNIZIED CLAIMS SYSTEM (MCS)
Y - RAILROAD JURISDICTION CHANGE (JURIS) - OBSOLETE EFFECTIVE
POSSIBLE VALUES FOR TREASURY (INTERNAL) USE ONLY:
F - CRITICAL PAYMENT SYSTEM (CPS)
L - PREMIUM REFUND (DIRECT BILLING SYSTEM)
W - TATTER (HOLD CHECKS ONLY)
Z - COAL MINE PAYMENTS (BLACK LUNG)
9 - MISCELLANEOUS VALUE FOR EFT INTERCEPTS (DUDEX USE)

19	1	REVCAT	REVIEW CATEGORY	CHARACTER

DESCRIPTION
DEFINITION
REFLECTS THAT A PRIOR MONTH ACCRUAL (PMA) OR CURRENT MONTH ACCRUAL (CMA) REVIEW IS NECESSARY IN THE PROGRAM SERVICE CENTER (PSC).

POSSIBLE-VALUES
BLANK - NO REVIEW REQUIRED
R - SUBJECT TO PROGRAM SERVICE CENTER (PSC) REVIEW

20	1	SCRI	SCHEDULE RAILROAD INDICATOR	CHARACTER

POSSIBLE-VALUES
BLANK - NO RAILROAD INVOLVEMENT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			R - RAILROAD CHECK RESPONSIBILITY	
21	3	PAMT-PAID-REL-D	PMA PAYMENT DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF THE BUSINESS DAY WHICH THE PMA PAYMENT IS CREATED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	WOD	WINDFALL OFFSET DATA	GROUP

DESCRIPTION
PURPOSE
USED TO PROVIDE DATA ON TITLE II/XVI INVOLVEMENT.
OPERATIONAL CONSIDERATIONS
WOD IS A COMPLETE REPLACEMENT FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	WTA	WINDFALL TOTAL AMOUNT	PACKED

MONEY-FORMAT
$$$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE TOTAL AMOUNT OF TITLE II MONTHLY BENEFIT AMOUNTS (MBA) FROM THE DATE OF ENTITLEMENT (DOE) TO THE MONTH BEFORE THE CURRENT OPERATING MONTH (COM).

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
5	5	WOA	WINDFALL OFFSET AMOUNT	PACKED

MONEY-FORMAT
$$$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE TOTAL AMOUNT OF WINDFALL (SUPPLEMENTAL SECURITY INCOME (SSI)) OFFSET.
OPERATIONAL CONSIDERATIONS
THE AMOUNT IS COMPUTED BASED ON ANY SSI PAYMENTS THAT WERE PAID DURING A TITLE II PERIOD EXTENDING FROM DATE OF ENTITLEMENT (DOE) TO THE MONTH BEFORE CURRENT OPERATING MONTH (COM).

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	5	NCI	NONCOUNTABLE INCOME	PACKED

MONEY-FORMAT
$$$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF RETROACTIVE BENEFITS THAT ARE NOT SUBJECT TO WINDFALL OFFSET AND PAYABLE TO THE BENEFICIARY.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
15	3	WSD	WINDFALL START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF WINDFALL START DATE
DEFINITION
REFLECTS THE START DATE FOR COMPUTING THE WINDFALL OFFSET AMOUNT (WOA).
PROCESSING INFORMATION
THE DATE CAN BE THE EFFECTIVE DATE OF ENTITLEMENT (DOE) TO TITLE II BENEFITS OR A LATER DATE.

18	3	WED	WINDFALL END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF WINDFALL END DATE
DEFINITION
REFLECTS THE ENDING DATE FOR COMPUTING THE SUPPLEMENTAL SECURITY INCOME (SSI) WINDFALL AMOUNT.
OPERATIONAL CONSIDERATIONS
WED CAN BE THE MONTH BEFORE A CURRENT OPERATING MONTH (COM) OR AN EARLIER MONTH AFTER THE WINDFALL START DATE (WSD).

21	1	WIN	WINDFALL INDICATOR	CHARACTER

DESCRIPTION
DEFINITION
INDICATES IF WINDFALL PROVISIONS HAVE BEEN APPLIED OR ARE NOT APPLICABLE.

POSSIBLE-VALUES
A - POTENTIAL WINDFALL OFFSET
B - WINDFALL OFFSET APPLIED
C - OFFSET WAS ADJUSTED
D - OFFSET NOT APPLICABLE
E - OFFSET COMPUTED ON INITIAL AWARD

L - POTENTIAL WINDFALL OFFSET/ATTORNEY INVOLVED
M - POTENTIAL WINDFALL OFFSET (MADCAP)

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	NRD	NONRECEIPT DATA	GROUP
0	3	DCN	DOUBLE CHECK NEGOTIATION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF DOUBLE CHECK NEGOTIATION DATE
DEFINITION
REFLECTS THE CURRENT OPERATING MONTH (COM) DATE IN WHICH THE FACT OF A DOUBLE CHECK NEGOTIATION (DCN) WAS POSTED TO THE MASTER BENEFICIARY RECORD (MBR).
OPERATIONAL CONSIDERATIONS
A DCN MEANS THAT AN ORIGINAL BENEFIT CHECK WAS NEGOTIATED AND THAT A REPLACEMENT CHECK WAS ALSO NEGOTIATED.

PROCESSING INFORMATION
IF THIS HAS OCCURRED MORE THAN ONCE, ONLY THE MOST RECENT DATE IS SHOWN.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	HLD	HOLD CHECK DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS ACTION TAKEN TO STOP THE ISSUANCE OF A CHECK.
OPERATIONAL CONSIDERATIONS
HLD IS A COMPLETE REPLACEMENT FIELD.
PROCESSING INFORMATION
HLD WILL ALWAYS BE INCLUDED IN THOSE UPDATE RECORDS (PUT'S) WHERE A CREDIT ACTION IS BEING TAKEN TO STOP A BENEFIT CHECK, REGARDLESS OF WHETHER THE CHECK WILL BE PAID FROM THE MASTER UPDATE (MUS) OR VIA A CURRENT MONTH ACCRUAL (CMA) PAYMENT PRODUCED BY A POSTENTITLEMENT (PE) PROGRAM. SUCH HLD WILL ALSO BE INCLUDED IN THE PUT REGARDLESS OF WHETHER THE PUT ACTION ITSELF STOPS THE CHECK ('CAN MEET' CREDITS) OR THE CHECK WILL BE HELD THROUGH THE USE OF A HOLD CHECK CARD (FOR 'CANNOT MEET' CREDITS).

THE INCLUSION OF HLD MUST BE CONSIDERED FOR CREDIT ONLY AND COMBINED CREDIT/DEBIT PUT ACTIONS. SINCE HLD RELATES ONLY TO THE CESSATION OF CHECKS, HLD FIELDS WILL NOT BE SUPPLIED IN THOSE CREDIT SITUATIONS WHERE THE MASTER PAYMENT STATUS (LEDGER ACCOUNT FILE (LAF) AND SCHEDULE PAYMENT DATA (SCH)) INDICATES THAT NO CHECKS MUST BE HELD AS PART OF THE OVERALL CREDIT PROCESS.

IN THOSE SITUATIONS WHERE THE HLD SUPPLIED ON THE PUT RECORD MATCHES CMA CHECK DATA RECORDED IN THE INPUT MASTER SCH, DAILY UPDATE OPERATION (DUO) WILL DELETE THE CMA CHECK DATA FROM SCH (TO PREVENT THE CMA CHECK BEING CONSIDERED IN A SUBSEQUENT ACTION). HLD WILL, IN TURN, BE DELETED FROM THE UPDATE MASTER BENEFICIARY RECORD (MBR) IF NEW SCH IS RECEIVED INDICATING A CMA PAYMENT DUE FOR THE MONTH EQUAL TO THE HOLD CHECK MONTH.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	HAMT	HOLD CHECK AMOUNT	NUMERIC

MONEY-FORMAT
$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF THE CHECK THAT IS BEING STOPPED.

ON THE PUT RECORD:
HAMT MUST BE PRESENT.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	TOH	TYPE OF HOLD	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE TYPE OF HOLD CHECK ACTION.

ON THE PUT RECORD:
TOH MUST BE PRESENT.

POSSIBLE-VALUES
1 - CURRENT MONTH ACCRUAL (CMA) FROM ORBIT UPDATE (PCMA)
3 - RCMA (SPI=R) WITH OCO INDICATOR (OCO=1)
4 - RECURRING PAYMENT (MPA - MONTHLY PAYMENT AMOUNT)
5 - CURRENT MONTH ACCRUAL FROM THE MONTHLY MERGE OPER (RCMA)

7	3	HCD	HOLD CHECK DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF HOLD CHECK DATE
DEFINITION
THE MONTH AND YEAR A CHECK WAS STOPPED.

10	1	SPM	STOP PAYMENT METHOD	CHARACTER

POSSIBLE-VALUES
H - HOLD CHECK CARD METHOD: WHERE THE CURRENT MONTH'S PAYMENT IS BEING STOPPED BY A HOLD CHECK ACTION AND DELIVERY OF THE SEGMENT INVOLVED HAS ALREADY BEEN MADE TO TREASURY. THIS METHOD MUST BE USED WHERE UPDATE INDICATOR (UI) IS 1 ,EXCEPT IT IS NOT VALID FOR TOH = 1. THIS IS REFERRED TO AS CAN'T MEETING SITUATION.
T - TAPE-TO-TAPE METHOD: UI = 0 OR TOH = 1. THIS IS REFERRED TO AS CAN MEET SITUATION.

11	1	HCRI	HOLD CHECK RAILROAD INDICATOR	CHARACTER

POSSIBLE-VALUES
BLANK - NO RAILROAD INVOLVEMENT
R - RAILROAD INVOLVEMENT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	LSPD	LUMP SUM PAYMENT DATA	GROUP

DESCRIPTION
  DEFINITION
    INDICATES THAT A LUMP SUM PAYMENT HAS BEEN MADE OR APPLIED FOR.
  OPERATIONAL CONSIDERATIONS
    LSPD IS UPDATED BY COMPLETE REPLACEMENT.
    LSPD IS DELETED BY ENTERING ASTERISKS (*) IN ALL POSITIONS.

0	1	LSSC	LUMP SUM STATUS CODE	CHARACTER

POSSIBLE-VALUES
   B BIT - 1 ALL THE TIME
   A BIT - 1 IF CLAIMANT DISALLOWED
   8 BIT - 1 IF THE FUNERAL HOME HAS FILED FOR PAYMENT (DATE OF DEATH (DOD) PRIOR TO 9/81); IF ENTITLED WIDOW(ER) (DOD AFTER 8/81)
   4 BIT - 1 IF CLAIMANT PAID BURIAL EXPENSES (DOD PRIOR TO 9/81); IF ENTITLED CHILD (DOD AFTER 8/81)
   2 BIT - 1 IF CLAIMANT IS PAID AS LIVING-WITH SPOUSE
   1 BIT - 1 IF CLAIMENT AUTHORIZED PAYMENT TO FUNERAL HOME (DOD PRIOR TO TO 9/81)

1	3	LSFD	LUMP SUM FILING DATE	PACKED

DATE-FORMAT
  PACKED,MONTHS REL-1800

DESCRIPTION
  MONTH AND YEAR (MMYY) OF LUMP SUM FILING DATE

4	5	LSAP	LUMP SUM AMOUNT PAID	NUMERIC

MONEY-FORMAT
  $$$CC

9	3	LSDC	LUMP SUM DISALLOWANCE CODE	CHARACTER

POSSIBLE-VALUES
   045 - APPLICATION NOT FILED WITHIN TIME LIMIT INCLUDING ANY EXTENSION FOR GOOD CAUSE
   046 - ELIGIBLE LIVING-IN-SAME-HOUSEHOLD SPOUSE SURVIVES
   047 - SURVIVING SPOUSE NOT LIVING IN SAME HOUSEHOLD AND NOT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			ELIGIBLE/ENTITLED TO BENEFITS	
			048 - ELIGIBLE SPOUSE SURVIVES	
			049 - WIDOW/ER OR CHILD RELATIONSHIP NOT ESTABLISHED	
			051 - CHILD NOT ELIGIBLE OR ENTITLED TO BENEFITS	
			057 - OTHER LUMP SUM DISALLOWANCE ACTION	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	TFAD	TRUST FUND ADJUSTMENT DATA	GROUP

DESCRIPTION
THIS IS A PUT-ONLY DATA ELEMENT. THIS DATA IS GENERATED BY THE OBJECT PROGRAMS AND CONTAINS THE AMOUNT TRUST FUNDED BY THE OBJECT PROGRAM. THIS DATA IS USED BY THE PSC'S TO REVERSE TRUST FUND AMOUNTS WHEN A DUMAS EXCEPTION OCCURS. THE TRUST FUNDS MUST BE REVERSED SINCE THE DUMAS EXCEPTION RESULTS IN THE ACTION BEING REPROCESSED AT WHICH TIME THE AMOUNT IS TRUST FUNDED AGAIN BY THE OBJECT PROGRAM. THIS DATA IS ALSO USED BY THE ACCOUNTING AND TOTALLING OPERATION.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	TFAA	TRUST FUND ADJUSTMENT AMOUNT	PACKED

MONEY-FORMAT
$$$$$$$CC

DESCRIPTION
DEFINITION
REPRESENTS THE AMOUNT TRUST FUNDED BY THE OBJECT PROGRAM.
THIS FIELD IS USED ONLY ON THE PUT, DUMAS DOES NOT UPDATE THIS FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
5	1	TFAI	TRUST FUND ADJUSTMENT INDICATOR	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE CREDITED TRUST FUND FOR THE TFAA. (TRUST FUND ADJUSTMENT AMOUNT).
THIS FIELD IS USED ONLY ON THE PUT, DUMAS DOES NOT UPDATE THIS FIELD.

POSSIBLE-VALUES
D - DISABILITY
R - RETIREMENT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	20	BTD	BENEFICIARY'S TELEPHONE DATA	GROUP

DESCRIPTION
BENEFICIARY'S TELEPHONE DATA
BTD IS A COMPLETE REPLACEMENT FIELD.

0	3	CPND	CHANGE PHONE NUMBER DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DEFINITION
THE MONTH AND YEAR THE BENEFICIARY TELEPHONE NUMBER
(BTN) WAS UPDATED TO THE MBR.
(THIS DATE IS DERIVED BY THE OBJECT PROGRAM.)

3	1	BTC1	BENEFICIARY'S TELEPHONE CODE ONE	CHARACTER

DESCRIPTION
DEFINITION
BENEFICIARY'S TELEPHONE CODE - ONE

POSSIBLE-VALUES
A - ATTORNEY
H - HOME (LISTED)
N - NONE
O - OTHER
U - UNKNOWN
W - WORK

4	1	BTC2	BENEFICIARY'S TELEPHONE CODE - TWO	CHARACTER

DESCRIPTION
DEFINITION
BENEFICIARY'S TELEPHONE CODE - TWO
(NOT ACTIVATED)

POSSIBLE-VALUES
TO BE DETERMINED

5	15	BTN	BENEFICIARY'S TELEPHONE NUMBER	CHARACTER

DESCRIPTION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DEFINITION BENEFICIARY'S TELEPHONE NUMBER (LEFT JUSTIFIED, BLANK PADS) ('NNNNNNNNNN ')	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	4	ZPFL	ZIP CODE FLAG DATA	GROUP

DESCRIPTION
ZPFL DATA IS UPDATED AS A COMPLETE REPLACEMENT FIELD.

0	1	ZFLAG	ZIP CODE FLAG	CHARACTER

DESCRIPTION
REPRESENTS A SPECIAL DESIGNATION FOR THE ZIP CODE

POSSIBLE-VALUES
BLANK - DEFAULT
1 - INVALID CITY/ZIP
2 - NO ADDRESS LINE
3 - NO SUCH STREET/AVE ETC.
4 - MISSING/INVALID HOUSE OR BOX NUMBER
5 - MISSING/INCORRECT DIRECTIONAL
6 - MISSING/INCORRECT SUFFIX
7 - DIRECTIONAL AND SUFFIX IN ERROR
8 - OTHER
9 - CITY NAME DIFFERENCE IN ZIP+4 SOFTWARE
F - FUTURE ZIP - NO ACTION NEEDED FOR ####
L - LETTER SENDING (NCOA ADDRESS UPDATE)
P - POST OFFICE NCOA ADDRESS
Q - QUESTIONABLE NCOA ADDRESS
V - CALL SSA TO VERIFY NCOA ADDRESS
X - EXCLUDE -- DO NOT USE NCOA ADDRESS
U - UNIQUE ZIP - NO ACTION NEEDED FOR ####
Z - ZIP CODE OVERRIDE - CHANGE ZIP ONLY IF COA OCCURS
C - ZIP CORRECTION - CHANGE ZIP ONLY IF COA OCCURS

1	3	ZFLAGDT	ZIP CODE FLAG DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REFLECTS THE DATE WHEN THE ZIP CODE FLAG (ZFLAG) WAS ANNOTATED TO THE MBR

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	16	ATTY	ATTORNEY PAYMENT DATA	GROUP

DESCRIPTION
PROVIDES INFORMATION ABOUT ATTORNEY FEE AGREEMENTS. ACTIVATED COM 10/91. ATTY IS UPDATED AS A COMPLETE REPLACEMENT FIELD.

0	4	PDB	PAST DUE BENEFITS	PACKED

MONEY-FORMAT
$$$$$C

DESCRIPTION
REPRESENTS THE TOTAL PAST DUE BENEFITS FOR AN ATTORNEY CASE WITH AN AGREEMENT

4	4	PFA	PENDING FEE AMOUNT	PACKED

MONEY-FORMAT
$$$$CC

DESCRIPTION
THE AMOUNT PROVIDED FOR ON THE FEE AGREEMENT

8	1	FAT	FEE AGREEMENT TYPE	CHARACTER

DESCRIPTION
REPRESENTS THE METHOD USED TO DETERMINE THE ATTORNEY FEE

POSSIBLE-VALUES
BLANK - DEFAULT
A - APPROVED AGREEMENT
D - DISAPPROVED AGREEMENT
L - LEGAL AID OR OTHER NON-CHARGING
N - NO AGREEMENT
U - UNDECIDED AGREEMENT

9	3	FADT	FEE AGREEMENT DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REPRESENTS THE MONTH/YEAR THE FEE AGREEMENT TYPE WAS ANNOTATED

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			TO THE MBR.	
12	1	APRI		CHARACTER
			DESCRIPTION IDENTIFIES THE SOURCE OF AN ATTORNEY FEE PROTEST	
			POSSIBLE-VALUES BLANK - DEFAULT C - CLAIMANT PROTEST R - REPRESENTATIVE PROTEST A - ADJUDICATOR	
13	3	PDT	PROTEST DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REPRESENTS THE MONTH/YEAR THE PROTEST INDICATOR WAS ANNOTATED TO THE MBR.	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	32	FBNK	FUTURE BANK INFORMATION DATA	GROUP

DESCRIPTION
ACTIVATED IN COM 12/97.
IT CAN HOUSE FUTURE BANK ACCOUNTS OR EBT ACCOUNTS
FOR BENEFICIARIES THAT DO NOT HAVE A REGULAR BANK
ACCOUNT. THIS DATA WILL BE MOVED TO BID DATA WHEN
MATURED.

0	8	FRTN	FUTURE ROUTING TRANSIT NUMBER	CHARACTER

DESCRIPTION
THE NUMBER ASSIGNED TO THE FINANCIAL INSTITUTION RECEIVING
THE DIRECT DEPOSIT PAYMENT IN THE FUTURE.

8	1	FCKDC	FUTURE CHECK DIGIT CODE	NUMERIC

DESCRIPTION
THE ONE POSITION CODE ASSIGNED BY FEDERAL RESERVE SYSTEM
FOR VALIDATING RTN

9	1	FDDCO	FUTURE DIRECT DEPOSIT CODE	CHARACTER

DESCRIPTION
THE TYPE OF BANK ACCOUNT.
C - CHECKING
S - SAVINGS
E - ELECTRONIC BENEFITS TRANSFER (EBT)
K - FUTURE STUDENTS CHECKING ACCOUNT
T - FUTURE STUDENTS EBT ACCOUNT
V - FUTURE STUDENT SAVINGS ACCOUNT

10	17	FDAN	FUTURE DEPOSITORS ACCOUNT NUMBER	CHARACTER

DESCRIPTION
THE DEPOSITOR'S BANK ACCOUNT NUMBER UNDER WHICH PAYMENT
IS TO BE DEPOSITED IN THE FUTURE
FOR EBT ACCOUNTS, THE FDAN CAN CONTAIN VALUES/INFORMATION
TO INDICATE IF AN INDIVIDUAL ACCOUNT OR COMBINED ACCOUNT
SHOULD BE ESTABLISHED.

POSSIBLE-VALUES
EBT - ESTABLISH AN INDIVIDUAL EBT ACCOUNT
EBT-C - ESTABLISH A COMBINED EBT ACCOUNT USING THE BOAN

MBR (7080) SPREAD RECORD SPEC - VERSION 14

V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			FROM THIS RECORD TO LINK WITH OTHER RECORDS. THIS BENEFICIARY'S BOAN WILL BE REFLECTED IN THE OTHER PAYMENTS TO BE COMBINED WITH THIS PAYMENT. THIS IS CONSIDERED THE LEAD/PRIMARY PAYMENT FOR THE COMBINED ACCOUNT. EBT-NNNNNNNNN - ESTABLISH A COMBINED PAYMENT. THIS PAYMENT WILL BE COMBINED WITH THE PAYMENT SPECIFIED (BOAN)	
27	3	FBDAD	FUTURE BANK DATA ACTIVATION DATE DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) FBDAD IS GENERATED BY THE OBJECT PROGRAM. FBDAD WILL BE EQUAL TO THE RPD FOR EBT ACCOUNTS AND STUDENTS.	PACKED
30	1	FDDEC	FUTURE DIRECT DEPOSIT EXEMPTION CODE DESCRIPTION FUTURE DIRECT DEPOSIT EXEMPTION CODE (NOT ACTIVATED)	CHARACTER
31	1		FILLER	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	14	ISCH	INSTALLMENT/UNDERPAYMENT SCHEDULE PAYMENT DATA	GROUP

DESCRIPTION
UPDATED AS A COMPLETE REPLACEMENT GROUP.
IMPLEMENTED 12/94.

0	4	IPAMT	INSTALLMENT UNDERPAYMENT PRIOR PAYMENT AMOUNT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
REFLECTS THE AMOUNT OF ANY UNDERPAYMENT CONTROLLED IN HISTORICAL UNDERPAYMENT DATA (HUD) THAT IS INCLUDED IN THE PMA. THIS UNDERPAYMENT AMOUNT CAN BE FOR A DA&A BENEFICIARY, A BENEFICIARY RECEIVING DIRECTED INSTALLMENTS, OR ANY BENEFICIARY RECEIVING TITLE II BENEFITS. THE RECIPIENT MAY NOT ALWAYS BE A DA&A BENEFICIARY. THE UNDERPAYMENT CAN REPRESENT A PREMIUM REFUND, A VTW REFUND, INSTALLMENT PAYMENTS, ETC. THE UPT VALUE IN HUD DATA WILLL REFLECT THE REASON FOR THE UNDERPAYMENT.

4	3	IPDT	INSTALLMENT UNDERPAYMENT PRIOR PAYMENT DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF INSTALLMENT PRIOR PAYMENT DATE.
REFLECTS THE DATE OF THE PMA TO WHICH AN INSTALLMENT PAYMENT OR UNDERPAYMENT TO A DA&A BENEFICIARY OR A DIRECTED INSTALLMENT PAYMENT (NOT DA&A) HAS BEEN ADDED.

7	4	ICAMT	INSTALLMENT UNDERPAYMENT CURRENT PAYMENT AMOUNT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
REFLECTS THE AMOUNT OF THE INSTALLMENT PAYMENT OR UNDERPAYMENT TO A DA&A BENEFICIARY OR A DIRECTED INSTALLMENT PAYMENT (NOT DA&A) INCLUDED IN THE CMA.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
11	3	ICDT	INSTALLMENT UNDERPAYMENT CURRENT PAYMENT DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF INSTALLMENT CURRENT PAYMENT DATE.
REFLECTS COM OF CMA TO WHICH AN INSTALLMENT OR UNDERPAYMENT
TO A DA&A BENEFICIARY OR TO A DIRECTED INSTALLMENT PAYMENT
HAS BEEN ADDED.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	VSCH	VOLUNTARY TAX SCHEDULE PAY DATA	GROUP

DESCRIPTION
VSCH IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD.
IMPLEMENTED 1/99.

0	4	VPAMT	VOLUNTARY TAX PRIOR PAYMENT WITHHOLDING AMOUNT	PACKED

MONEY-FORMAT
$$$$$$C

DESCRIPTION
THE VOLUNTARY TAX DEDUCTION AMOUNT FOR THE PMA SHOWN IN SCHEDULE PAY DATA.

4	4	PTXA	VOLUNTARY TAX PRIOR PAYMENT TAXABLE AMOUNT	PACKED

MONEY-FORMAT
$$$$$$C

DESCRIPTION
THE TAXABLE BENEFIT TO WHICH A VTW TAX RATE IS APPLIED TO CALCULATE THE VOLUNTARY TAX DEDUCTION AMOUNT (VPAMT) FOR THE PMA SHOWN IN SCHEDULE PAY DATA.

8	3	VPPD	VOLUNTARY TAX PRIOR PAYMENT DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF VOLUNTARY TAX PRIOR PAYMENT DATE, THE DATE OF THE PMA IN SCHEDULE PAY DATA FROM WHICH THE VOLUNTARY TAX WAS DEDUCTED.

11	4	VCAMT	VOLUNTARY TAX CURRENT PAYMENT WITHHOLDING AMOUNT	PACKED

MONEY-FORMAT
$$$$$$C

DESCRIPTION
THE VOLUNTARY TAX DEDUCTION AMOUNT FOR THE CMA SHOWN IN SCHEDULE PAY DATA.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
15	4	CTXA	CURRENT PAYMENT TAXABLE AMOUNT	PACKED

MONEY-FORMAT
$$$$$$C

DESCRIPTION
THE TAXABLE BENEFIT TO WHICH A VTW TAX RATE IS APPLIED TO CALCULATE THE VOLUNTARY TAX DEDUCTION AMOUNT (VCAMT) FOR THE CMA SHOWN IN SCHEDULE PAY DATA.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
19	3	VCPD	VOLUNTARY TAX CURRENT PAYMENT DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF OPERATING MONTH OF THE CMA IN SCHEDULE PAYMENT DATA FROM WHICH THE VOLUNTARY TAX WAS DEDUCTED.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	PNAL	PAYMENT NAME LEGEND DATA	GROUP
			DESCRIPTION FOR FUTURE USE	
0	22	PNAL-G	PAYMENT NAME LEGEND DATA	CHARACTER
			DESCRIPTION FOR FUTURE USE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	89	ADDR	ADRESS PORTION OF PNA	GROUP
			DESCRIPTION FOR FUTURE USE	
0	1	NADDR	NUMBER OF ADDRFLD ADDRESS LINES	NUMERIC
			DESCRIPTION FOR FUTURE USE	
1	88	ADDRFLD	ADDRESS PORTION OF PNA	GROUP
			DESCRIPTION FOR FUTURE USE	
1	22	ADDR1	ADDRESS PORTION OF PNA LINE ONE	CHARACTER
			DESCRIPTION FOR FUTURE USE	
23	22	ADDR2	ADDRESS PORTION OF PNA LINE TWO	CHARACTER
			DESCRIPTION FOR FUTURE USE	
45	22	ADDR3	ADDRESS PORTION OF PNA LINE THREE	CHARACTER
			DESCRIPTION FOR FUTURE USE	
67	22	ADDR4	ADDRESS PORTION OF PNA LINE FOUR	CHARACTER
			DESCRIPTION FOR FUTURE USE	
1	22	ADDR-GROUP	PAYMENT ADDRESS DATA	GROUP
			DESCRIPTION FOR FUTURE USE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
1	22	ADDR-G	ADDRESS PORTION OF PNA LINE	CHARACTER
			DESCRIPTION FOR FUTURE USE	
1	88	ADDR-SING	ADDRESS PORTION OF PNA DATA	GROUP
			DESCRIPTION FOR FUTURE USE	
1	1	ADDR-S	ADDRESS PORTION OF PNA LINE CHARACTER	CHARACTER
			DESCRIPTION FOR FUTURE USE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	CITY	CITY NAME FROM LAST PNA LINE	CHARACTER

DESCRIPTION
FOR FUTURE USE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	STAB	STATE ABBREVIATION FROM LAST PNA LINE	CHARACTER

DESCRIPTION
FOR FUTURE USE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	CTRY	COUNTRY NAME FROM FOREIGN ADDRESS PNA	CHARACTER

DESCRIPTION
FOR FUTURE USE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	15	FPZ	FOREIGN POSTAL ZONE FROM FOREIGH ADDRESS PNA	CHARACTER

DESCRIPTION
FOR FUTURE USE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	PAMT-OPEN-INDS	PAYMENT AREA OPEN SPACE	CHARACTER

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	255	FBD	FIXED BENEFICIARY DATA	GROUP

DESCRIPTION
REFLECTS DATA PERTAINING TO THE INDIVIDUAL BENEFICIARY'S ENTITLEMENT AND DATA NECESSARY TO STEP THROUGH THIS PORTION OF THE RECORD.
APPEARS ONCE FOR EACH BENEFICIARY IN THE PAYMENT AS INDICATED BY NUMBER OF BENEFICIARIES IN PAYMENT (PNOB) IN FIXED PAYMENT DATA (FPD).

FBB IS A SUBFIELD UPDATE

0	2	BIC	BENEFICIARY IDENTIFICATION CODE	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE TYPE OF BENEFICIARY.

POSSIBLE-VALUES
CODES - SEE PAYMENT IDENTIFICATION CODE (PIC) FOR POSSIBLE VALUES, EXCEPT CODES &0 AND G

2	2	LAF	LEDGER ACCOUNT FILE	CHARACTER

DESCRIPTION
DEFINITION
REFLECTS THE MBR PAYMENT STATUS FOR THIS BENEFICIARY.

POSSIBLE-VALUES
AD - ADJUSTED FOR DUAL ENTITLEMENT
AS - ADJUSTED FOR SIMULTANEOUS ENTITLEMENT
A9 - ALL OTHER ADJUSTMENT ACTIONS
C - CURRENT PAYMENT STATUS (EXCEPT RAILROAD PAYMENT)
DP - DEFERRED BECAUSE OF PUBLIC ASSISTANCE
DW - DEFERRED FOR WORKERS COMPENSATION (WC) OFFSET
D1 - DEFERRED FOR FOREIGN WORK TEST
D2 - DEFERRED FOR ANNUAL RETIREMENT TEST
D3 - DEFERRED AS AN AUXILIARY OF A BENEFICIARY WHOSE STATUS IS DEFERRED FOR ANNUAL RETIREMENT TEST (LAF = D2)
D4 - DEFERRED FOR NO CHILD-IN-CARE
D5 - DEFERRED AS AN AUXILIARY OF A BENEFICIARY WHOSE STATUS IS DEFERRED FOR FOREIGN WORK TEST (LAF = D1)
D6 - DEFERRED TO COVER OVERPAYMENTS NOT COVERED BY ANY OF THE ABOVE REASONS
D9 - MISCELLANEOUS DEFERMENT NOT PROVIDED WITH A SPECIFIC CODE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

E - CURRENT PAYMENT THROUGH RAILROAD BOARD (RRB)
F - ADVANCED FILING FOR CURRENT PAYMENT THROUGH RRB
J - ADVANCED FILING FOR CURRENT PAYMENT (EXCEPT RAILROAD PAYMENT)
K - ADVANCED FILING FOR DEFERRED PAYMENT (LOW ORDER POSITION SAME AS LAF D)
L - ADVANCED FILING FOR CONDITIONAL PAYMENT (LOW ORDER POSITION SAME AS LAF S)
N - DISALLOWED CLAIM (TECHNICAL DISALLOWANCE)
ND - DENIED CLAIM (MEDICAL DENIAL)
PB - DELAYED CLAIM (ANOTHER BENEFICIARY IN THIS CLAIM HAS A LAF OTHER THAN B, N, P, T, U OR X)
PT - CLAIM HAS BEEN TERMINATED FROM DELAYED STATUS (LAF PB)
R - KILL CREDIT (DELETION). THIS LAF ONLY REMAINS ON THE ORBIT MBR UNTIL THE MONTHLY MERGE, AT WHICH TIME THE BENEFICIARY IS DELETED FROM THE MBR.

SUSPENSE STATUSES

SD - TECHNICAL ENTITLEMENT
SF - PROUTY BENEFICIARY FAILS TO MEET RESIDENCY REQUIREMENT
SH - PROUTY BENEFICIARY RECEIVING GOVERNMENT PENSION
SJ - ALIEN SUSPENSION
SK - DEPORTATION
SL - BARRED PAYMENT COUNTRY
SM - REFUSED OLD AGE INSURANCE BENEFITS TO GET MEDICARE-ONLY COVERAGE (PRIOR TO 1/81)
SP - PROUTY BENEFICIARY RECEIVING PUBLIC ASSISTANCE
SS - NON PAYMENT TO POST SECONDARY STUDENTS DURING SUMMER MONTHS
SW - WC OFFSET
S0 - PENDING DETERMINATION OF CONTINUING DISABILITY
S1 - WORKED OUTSIDE THE UNITED STATES (U.S.)
S2 - WORKED INSIDE THE U.S.
S3 - INSURED PERSON WORKED IN THE U.S.
S4 - FAILURE TO HAVE CHILD-IN-CARE
S5 - INSURED PERSON WORKED OUTSIDE THE U.S.
S6 - FOR BETTER ADDRESS
S7 - PRISONER SUSPENSION; SUSPENSION DUE TO EXTENDED TRIAL WORK PERIOD (EPE SGA); OR SUSPENSION FOR REFUSING VOCATIONAL REHABILITATION (VR) SERVICES. DUE TO LEGISLATION, VR REFUSAL SUSPENSIONS HAVE BEEN ELIMINATED EFFECTIVE JANUARY 2001
S8 - PAYEE NOT DETERMINED
S9 - ALL OTHER SUSPENSION REASONS NOT SPECIFICALLY DEFINED (MISCELLANEOUS SUSPENSION)

TERMINATED STATUSES

TA - ADVANCED FILING CLAIM TERMINATED BEFORE MATURITY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			TB - MOTHER, FATHER TERMINATED-ENTITLED TO DISABLED WIDOW(ER)'S BENEFITS TC - DISABLED WIDOW OR WIDOWER ATTAINED AGE 65 TJ - ADVANCE FILE CLAIM TERMINATED AFTER MATURITY TL - TERMINATION OF STUDENT (POST SECONDARY) BENEFITS DUE TO LEGISLATIVE CHANGES IN STUDENT REQUIREMENTS TP - TERMINATED FOR CHANGE OF PAYMENT IDENTIFICATION CODE (PIC) ON POSTENTITLEMENT ACTIONS T& - CLAIM WITHDRAWN TX - DIB ATTAINED 65 (ALSO USED FOR AUXILIARY BENEFICIARIES) T0 - BENEFITS PAYABLE BY SOME OTHER AGENCY T1 - DEATH OF BENEFICIARY T2 - DEPENDENT TERMINATED DUE TO DEATH OF PRIMARY BENEFICIARY T3 - DIVORCE, MARRIAGE, REMARRIAGE T4 - ATTAINMENT OF AGE 18 OR 22 AND NOT DISABLED; MOTHER/FATHER TERMINATED BASED ON LAST CHILD'S ATTAINMENT OF AGE 18 T5 - ENTITLED TO OTHER BENEFITS EQUAL OR LARGER T6 - TERMINATION OF MOTHER/FATHER DUE TO DEATH OR MARRIAGE OF LAST CHILD; CHILD NO LONGER DISABLED OR ATTENDING SCHOOL T7 - ADOPTION OF CHILD; MOTHER TERMINATED, LAST ENTITLED CHILD ADOPTED. VALID ONLY IF DATE OF SUSPENSION OR TERMINATION (DOST) IS EARLIER THAN 10/72 T8 - DIB NO LONGER DISABLED; MOTHER/FATHER TERMINATED, CHILD NO LONGER DISABLED T9 - ALL OTHER TERMINATION REASONS OTHER STATUSES U - ACTIVE TITLE XVIII STATUS ONLY XD - WITHDRAWAL FOR ADJUSTMENT X8 - PAYEE NOT DETERMINED XK - DEPORTATION XR - WITHDRAWN FROM SUPPLEMENTAL MEDICAL INSURANCE BENEFITS (SMIB) X0 - CLAIM TRANSFERRED TO RRB X1 - DEATH OF BENEFICIARY X5 - ENTITLED TO OTHER BENEFITS X7 - HEALTH INSURANCE BENEFITS (HIB)/SMIB TERMINATED X9 - ALL OTHER REASONS	
4	3	DOB	DATE OF BIRTH	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF DATE OF BIRTH

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
7	15	BGN		CHARACTER
			DESCRIPTION BENEFICIARY GIVEN NAME	
22	15	BMN	BENEFICIARY MIDDLE NAME FUTURE EXPANSION	CHARACTER
37	20	BLN	BENEFICIARY LAST NAME	CHARACTER
57	4	BSN	BENEFICIARY SUFFIX NAME	CHARACTER
61	1	DE-TYPE	DUAL ENTITLEMENT TYPE	CHARACTER
			POSSIBLE-VALUES R TYPE DUAL ENTITLEMENT X TYPE DUAL ENTITLEMENT BLANK - THERE IS NO DUAL ENTITLEMENT	
62	1	RED-FOR-AGE	BENEFICIARY REDUCED FOR AGE	CHARACTER
			POSSIBLE-VALUES Y - YES REDUCED FOR AGE BLANK - NOT REDUCED FOR AGE	
63	4	ABN	ACTION BLOCK NUMBER	GROUP
63	1	ABT	ACTION BLOCK TYPE	CHARACTER
			DESCRIPTION DEFINITION REFLECTS A CHARACTER CODE USED TO IDENTIFY THE INITIAL OR POSTENTITLEMENT (PE) ACTION.	
			POSSIBLE-VALUES D - DISALLOWED, DENIED, WITHDRAWN OR ABATED CLAIM E - DELAYED CLAIM H - INITIAL AWARD TO TITLE XVIII (UNINSURED) ONLY BENEFITS (HEALTH INSURANCE/SUPPLEMENTAL MEDICAL INSURANCE) Q - ADJUSTMENT ACTION TO TITLE XVIII ONLY BENEFITS (UNINSURED HI/SMI) W - POSTENTITLEMENT (PE) WITHDRAWAL FOR ADJUSTMENT TO PLACE BENEFICIARY IN LAF A, S OR T X - PE CREDIT ONLY ADJUSTMENT ON TITLE XVIII BENEFITS	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			(UNINSURED HI/SMI); THE NEW LAF IS X 1 - INITIAL AWARD TO LAF C OR E 3 - ADJUSTMENT ACTION TO LAF C OR E 4 - ADJUSTMENT ACTION TO LAF S 5 - INITIAL AWARD TO LAF S 6 - INITIAL AWARD TO LAF D 7 - ADJUSTMENT ACTION TO LAF D 9 - MATURED DEFERRED ACTION (FROM LAF D TO LAF C OR E)	
64	3	ABS	ACTION BLOCK SERIAL BASIC EDIT CRITERIA: ABS MUST BE CHANGED ANY TIME A CREDIT/DEBIT OR DEBIT ACTION IS TAKEN. ABS IS ESTABLISHED BY BOTH PROGRAM AND MANUAL ACTIONS.	GROUP
64	1	ABS-POS1	ACTION BLOCK SERIAL	CHARACTER
65	1	ABS-POS2	ACTION BLOCK SERIAL	CHARACTER
66	1	ABS-POS3	ACTION BLOCK SERIAL	CHARACTER
67	3	DRD	DEBIT PROCESSING DATE DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF DEBIT PROCESSING DATE DUMAS GENERATES DRD ON THE MBR USING THE PE RUN DATE IN THE LABEL. DRD DOES NOT GET CHANGED/UPDATED FOR ANNOTATION-ONLY ACTIONS (PUT SDC=1) OR WHEN THE PUT ABT IS X OR W (SEE ABT VALUES).	PACKED
70	3	DOEI	INITIAL DATE OF ENTITLEMENT DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF INITIAL DATE OF ENTITLEMENT	PACKED
73	3	DOEC	CURRENT DATE OF ENTITLEMENT	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF CURRENT DATE OF ENTITLEMENT	
76	3	DOST	DATE OF SUSPENSION OR TERMINATION	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF DATE OF SUSPENSION OR TERMINATION	
79	3	DOCA	DATE OF CREDIT ACTION	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF DATE OF CREDIT ACTION	
82	1	DAI	DIFFERENTIAL ACCOUNTING INDICATOR	CHARACTER
			DESCRIPTION THIS IS A PUT-ONLY DATA ELEMENT THAT IS USED BY THE SIFT OPERATION FOR ACCOUNTING/TOTALLING. THE DAI IS GENERATED ON THE PUT BY OBJECT PROGRAMS AND REFLECTS THE INTERVENING HIGH ORDER POSITION (HOP) OF LEDGER ACCOUNT FILE (LAF) SUCH AS C, E, S, T OR U.	
83	1	DOBPC	DATE OF BIRTH PROOF CODE	CHARACTER
			POSSIBLE-VALUES A - ALLEGED B - BIRTH/BAPTISMAL CERTIFICATE (RECORDED PRIOR TO AGE 5) C - MEETS DEFINITION OF 'CONVINCING EVIDENCE' F - FORMERLY ESTABLISHED BY SSA N - NOT PROVEN. THIS VALUE EXISTED BEFORE THE MID-1970'S AND SHOULD HAVE BEEN CONVERTED TO THE VALUE OF A (ALLEGED). P - PROVEN. THIS VALUE EXISTED BEFORE THE MID-1970'S AND SHOULD HAVE BEEN CONVERTED TO THE VALUE OF F (FORMERLY ESTABLISHED BY SSA). Q - ESTABLISHED BASED ON EVIDENCE OTHER THAN THAT COVERED UNDER CODES 'B' AND 'C'	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
84	1	SEX	BENEFICIARYS SEX CODE	CHARACTER

POSSIBLE-VALUES
ON THE MBR AND LBI RECORDS:
BLANK - UNKNOWN

ON THE PUT RECORD:
* - THE USE OF AN ASTERISK IN THE SEX FIELD WILL RESULT IN THE DELETION OF ANY SEX CODE RECORDED ON THE EXISTING MASTER

ON ALL RECORDS:
F - FEMALE
M - MALE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
85	1	ENAC	ENROLLMENT ACTIVITY CODE	CHARACTER

POSSIBLE-VALUES
THIS FIELD WILL BE RESET DURING THE CONVERSION
IT WILL BE INITIALIZED AS B BIT ON ONLY
ADDITIONAL BITS WILL BE SET ON DURING THE ENROLLMENT
CONVERSION TO NOTE THE STATUS OF THE CONVERSION.
(IMPLEMENTED 7/99)

B BIT - 1 ALL THE TIME
A BIT - 0 ALL THE TIME
8 BIT - 1 IF QUESTIONABLE OLD ENROLLMENT IS ENCOUNTERED DURING THE CONVERSION FOR T2 REDESIGN
4 BIT - 1 IF ENROLLMENT DATA CONVERTED FOR T2 REDESIGN
2 BIT - 0 ALL THE TIME
1 BIT - 0 ALL THE TIME

DISCRIPTION/POSSIBLE CONFIGURATIONS:
INCLUDES LIMIT DISPLAY
8 BIT ON AND 4 BIT OFF - OLD ENROLLMENT NOT CONVERTED
LIMIT DISPLAY - ENAC-N

8 BIT ON AND 4 BIT ON - OLD ENROLLMENT DATA CONVERTED
BUT QUESTIONABLE
LIMIT DISPLAY - ENAC-QC

4 BIT ON AND 8 BIT OFF - OLD ENROLLMENT DATA CONVERTED
LIMIT DISPLAY - ENAC-C

DESCRIPTION/PROCESSING INFORMATION
THE ENAC (4 BIT AND 8 BIT) IDENTIFIES RECORDS THAT WERE ESTABLISHED PRIOR TO IMPLEMENTATION OF NEW ENROLLMENT DATA

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			FOR T2R. THESE VALUES WILL BE SET BY THE CONVERSION OPERATION AND IDENTIFY RECORDS WHICH CONTAINED OLD ENROLLMENT DATA (PRIOR TO T2R) THAT WAS CONVERTED TO THE NEW ENROLLMENT DATA FIELDS. DUMAS USES THE ENAC (4 BIT AND 8 BIT) IN ITS MBR VALIDATIONS TO IDENTIFY RECORDS THAT EXISTED PRIOR TO ACTIVATION OF NEW ENROLLMENT DATA (T2 REDESIGN).	
86	1	BCI	BENEFIT CONVERSION INDICATOR	CHARACTER
			DESCRIPTION FIELD WILL BE USED TO IDENTIFY CONVERSION PROBLEMS POSSIBLE-VALUES H = BENEFIT HISTORY FIELDS ARE OUT OF ORDER BLANK = DOES NOT APPLY	
87	2	BRI-ALERT-CODE	BRI ALERT CODE	CHARACTER
			DESCRIPTION RETAINS LEGISLATIVE ALERT CODES (LAC) FOR REFERENCE PURPOSES AFTER THE BENEFIT RATE INCREASE OPERATION. PROCESSING INFORMATION LAC IS BLANKED OUT PRIOR TO NEXT BENEFIT RATE INCREASE. GROUP A CODES (ALPHA O, U, Z, 2, 3, &) ARE NON-REVIEW ITEMS; ALL OTHER LAC CODES ARE ALERTS. POSSIBLE-VALUES BLANK - DEFAULT VALUE A - QUESTIONABLE PRIMARY INSURANCE AMOUNT (PIA) B - QUESTIONABLE TRANSITIONALLY INSURED STATUS C - QUESTIONABLE MONTHLY BENEFIT AMOUNT (MBA) D - QUESTIONABLE DISABILITY INSURANCE BENEFITS E - QUESTIONABLE LEDGER ACCOUNT FILE (LAF) CODE F - CHECK GARNISHMENT G - QUESTIONABLE DATE OF BIRTH (DOB) H - READJUSTED RATE I - QUESTIONABLE WORKERS COMPENSATION (WC) OFFSET /QUESTIONABLE GOVERNMENT PENSION OFFSET (GPO) J - QUESTIONABLE MAX K - INVALID PARTIAL RECOVERY L - WC AND INCREASE NOT MADE M - QUESTIONABLE DUAL ENTITLEMENT N - WINDEX INVOLVED O - OVERDUE (QUESTIONABLE DEFERRED PAYMENT DATA) P - QUESTIONAL WIB REDUCTION Q - PARTIAL DEDUCTION	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			R - QUESTIONABLE LIMITATION OF RETIREMENT INSURANCE BENEFIT (RIB); ADJUSTED FOR DUAL ENTITLEMENT (DE) S - ACTUARIALLY REDUCED, FAMILY MAXIMUM INVOLVED T - GOVERNMENT PENSION OFFSET U - DUAL ENTITLEMENT TERMINATED V - PROUTY, NO INCREASE W - PRIOR WIB X - INVLAID SPECIAL PAYMENT AMOUNT (SPA) Y - QUESTIONABLE FULL RETIREMENT AGE Z - CONV PARTIAL BENEFIT 0 - QUESTIONAL INSTALLMENT 1 - BENEFITS ARE SUSPENDED OR DEFERRED FOR WC (LAF = SW) 2 - RIB LIMITATION INVOLVED 3 - WC REVIEW 4 - DUAL ENTITLEMENT, FAMILY MAXIMUM INVOLVED 5 - VARIABLE SMI/GPO 6 - POSSIBLE COMBINED MAXIMUM 7 - COMP VARIABLE SMI 8 - QUESTIONABLE DELAYED RETIREMENT CREDITS (DRC) 9 - QUESTIONABLE RIB LIMITATION $ - WIDOW INSURANCE BENEFIT (WIB), FAMILY MAXIMUM INVOLVED * - SMI PREMIUM AMOUNT COLLECTIBLE (SPAC)/MBA / - REDUCED BENEFIT % - WITHHELD ALIEN TAX & - DUAL ENTITLMENT SUSPENSE @ - QUESTIONABLE FUTURE PRIMARY INSURANCE AMOUNT (PIA)	
89	5	MBP	MONTHLY BENEFIT PAYABLE	NUMERIC
			MONEY-FORMAT $$$$C DESCRIPTION DEFINITION REFLECTS THE MONTHLY TITLE II BENEFIT DUE TO THE BENEFICIARY AFTER THE COLLECTION OF ALL (OR A PORTION) OF THE BENEFICIARY'S OBLIGATIONS. OPERATIONAL CONSIDERATIONS THE ROUNDING HISTORY CODE (RHC) WILL SHOW WHETHER DIMES CALCULATION OF MBP.	
94	1	LANG	LANGUAGE	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS THE LANGUAGE TO BE USED IN BENEFICIARY NOTICES.	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES BLANK - UNKNOWN, PRESUME ENGLISH C - CHINESE D - GERMAN E - ENGLISH F - FRENCH G - GREEK I - ITALIAN J - JAPANESE N - NORWEGIAN P - POLISH R - RUSSIAN S - SPANISH V - SWEDISH W - SERBO-CROATIAN	
95	1	RRIC	RAILROAD INVOLVEMENT CODE	CHARACTER
			DESCRIPTION X-REFERENCE MBR-ABSTRACT POSSIBLE-VALUES R - RAILROAD IS INVOLVED FOR THIS BENEFICIARY; THE BENEFICIARY MUST NOT BE PLACED IN CURRENT PAYMENT STATUS (LAF C)	
96	3	DOERB	DATE OF ELECTION TO REDUCED BENEFITS	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF DATE OF ELECTION TO REDUCED BENEFITS	
99	3	RELATD	RELATIONSHIP DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF RELATIONSHIP DATE (IMPLEMENTED BY MCS 9/95. MADCAP INPLEMENTATION WAS 12/95)	
102	1	RELATC	RELATIONSHIP CODE	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

DESCRIPTION
RELATIONSHIP CODES FOR LUMP SUM DEATH PAYMENTS (LSDP) ARE NOT DEVELOPED SINCE THE PURPOSE OF THE RELATIONSHIP CODE (RELATC) FIELD IS TO SHOW BASIS OF CONTINUING ENTITLEMENT. (IMPLEMENTED BY MCS 9/95. MADCAP IMPLEMENTATION WAS 12/95.)

POSSIBLE-VALUES
FOR BIC F:
A - BIC F AND ADOPTING PARENT
N - BIC F AND NATURAL PARENT
P - BIC F AND STEP PARENT
BLANK = ALL BICS OTHER THAN BIC F

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
103	1	TOC	TYPE OF CLAIM	CHARACTER

DESCRIPTION
PROCESSING INFORMATION
GENERATED BY DAILY UPDATE AND MASTER ACCOUNTING SYSTEM (DUMAS).

POSSIBLE-VALUES
R - DISABILITY CASE WHERE BENEFICIARY IS STUDENT CHILD
0 - SURVIVOR CASE WHERE THE BENEFICIARY IS:
A. YOUNG CHILD
B. WIDOW(ER) WHOSE BENEFIT IS LIMITED BY PRIMARY'S AMOUNT
C. WIDOW(ER), REMARRIED WIDOW OR SURVIVING DIVORCED WIFE WHOSE BENEFIT IS NOT REDUCED FOR AGE
D. MOTHER/FATHER ENTITLED BECAUSE OF YOUNG CHILD-IN-CARE
E. PARENT
F. WIDOW(ER), REMARRIED WIDOW OR SURVIVING DIVORCED WIFE WHOSE BENEFIT IS NOT ACTUARIALLY REDUCED (OR ACTUARIAL REDUCTION IS INVOLVED BUT THE BENEFIT AMOUNT IS LIMITED BY THE PRIMARY'S AMOUNT.)
1 - LIFE CASE WHERE BENEFICIARY IS:
A. RETIRED PRIMARY NOT REDUCED FOR AGE OR INCREASED BY DELAYED RETIREMENT CREDIT (DRC) (MBR AND LBI)
B. AGED OR DIVORCED WIFE/HUSBAND NOT REDUCED FOR AGE
C. YOUNG WIFE ENTITLED FOR YOUNG CHILD-IN-CARE
D. YOUNG CHILD
E. PROUTY BENEFICIARY OR SPOUSE
2 - LIFE OR SURVIVOR CASE WHERE BENEFICIARY IS:
A. RETIRED PRIMARY REDUCED FOR AGE WITH NO DRC
B. AGED OR DIVORCED WIFE/HUSBAND REDUCED FOR AGE
C. WIDOW(ER) REDUCED FOR AGE BUT NOT

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			LIMITED BY PRIMARY'S AMOUNT D. DISABLED WIDOW(ER) 3 - LIFE OR SURVIVOR CASE WHERE BENEFICIARY IS: A. RETIRED PRIMARY REDUCED FOR AGE WITH DRC B. DISABLED CHILD OF DECEASED PRIMARY C. MOTHER/FATHER ENTITLED SOLELY FOR DISABLED ADULT CHILD (DAC) IN CARE 4 - LIFE CASE WHERE BENEFICIARY IS: A. RETIRED PRIMARY NOT REDUCED FOR AGE WITH DRC B. YOUNG WIFE ENTITLED SOLELY FOR DAC IN CARE C. DISABLED ADULT CHILD 5 - DISABILITY CASE WHERE BENEFICIARY IS: A. DISABLED PRIMARY NOT REDUCED FOR AGE B. AGED OR DIVORCED WIFE/HUSBAND NOT REDUCED FOR AGE C. YOUNG WIFE ENTITLED FOR YOUNG CHILD-IN-CARE D. YOUNG CHILD 6 - DISABILITY CASE WHERE BENEFICIARY IS: A. DISABLED PRIMARY REDUCED FOR AGE B. AGED OR DIVORCED WIFE/HUSBAND REDUCED FOR AGE 7 - DISABILITY CASE WHERE BENEFICIARY IS: A. YOUNG WIFE ENTITLED SOLELY FOR DAC IN CARE B. DISABLED ADULT CHILD 8 - SURVIVOR CASE WHERE BENEFICIARY IS STUDENT CHILD 9 - LIFE CASE WHERE BENEFICIARY IS STUDENT CHILD	
104	1	HIC	HEALTH INSURANCE CHANGE CODE POSSIBLE-VALUES F - CHANGE FROM P OPTION Y - FORCE HEALTH INSURANCE (HI) INTERCHANGE RECORD BLANK - DEFAULT VALUE	CHARACTER
105	1	RIBLIM-APPLIES	RIBLIM INDICATOR POSSIBLE-VALUES Y = BENEFIT IS SUBJECT TO RIB LIMITATION BLANK = BENEFIT IS NOT SUBJECT TO RIB LIMITATION	CHARACTER
106	1	ADMIN-FINAL	ADMINISTRATIVE FINALITY INDICATOR POSSIBLE-VALUES Y = ADMINISTRATIVE FINALITY OF ANY KIND HAS BEEN APPLIED TO THIS BENEFIT. BLANK = NO ADMINISTRATIVE FINALITY HAS BEEN APPLIED	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
107	1	CFM-IND	COMBINED FAMILY MAXIMUM FOR CHILD INDICATOR	CHARACTER

POSSIBLE-VALUES
Y - THIS IS A CHILD BENEFICIARY WHO HAS MADE POSSIBLE A COMBINED FAMILY MAXIMUM ON THE ACCOUNT
N - NO COMBINED FAMILY MAXIMUM

108	1	WIDOW-PD-AS-E	WIDOW PAID CHILD-IN-CARE BENEFITS	CHARACTER

DESCRIPTION
WIDOW PAID CHILD-IN-CARE BENEFITS FOR AT LEAST ONE MONTH THIS ELEMENT WILL EXPLAIN HISTORY THAT MIGHT OTHERWISE BE CONFUSING

POSSIBLE-VALUES
Y = THE BENEFICIARY IS A BIC D OR W WHO COULD ALSO BE ENTITLED UNDER CHILD-IN-CARE PROVISIONS AND IT IS ADVANTAGEOUS TO DO SO AT LEAST ONE MONTH
BLANK = THE BENEFICIARY IS NOT A BIC D OR W WHO COULD ALSO BE ENTITLED UNDER CHILD-IN-CARE PROVISIONS

109	2	NDIB	NUMBER OF DISABILITY DATA FIELDS	NUMERIC

DESCRIPTION
REFLECTS THE NUMBER OF DISABILITY DATA FIELDS PRESENT.

POSSIBLE-VALUES
RANGE 0 THRU 12

111	2	NARD	NUMBER OF ANNUAL REPORT DATA FIELDS	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 12

113	2	NHPD	NUMBER OF HISTORICAL PAYMENT LEGEND FIELDS	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 10

115	2	NHBAD	NUMBER OF HISTORICAL BENEFICIARY ADDRESS FIELDS	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 10

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
117	1	NENFD	NUMBER OF ENFORCEMENT FIELDS	NUMERIC

DESCRIPTION
REFLECTS THE NUMBER OF ENFORCEMENT DATA FIELDS PRESENT.

POSSIBLE-VALUES
RANGE 0 THRU 5

118	1	NANND	NUMBER OF ANNUITY FIELDS	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE NUMBER OF ANNUITY DATA FIELDS PRESENT.

POSSIBLE-VALUES
RANGE 0 THRU 4 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS

119	1	NPEND	NUMBER OF PENALTY FIELDS	NUMERIC

POSSIBLE-VALUES
RANGE 0 THRU 6

120	1	NXRD	NUMBER OF CROSS-REFERENCE FIELDS	NUMERIC

DESCRIPTION
OPERATIONAL CONSIDERATIONS
ON THE PUT RECORD:
TO DELETE A SINGLE CROSS-REFERENCE FIELD, SHOW AN ASTERISK (*) IN CROSS-REFERENCE TYPE CODE (XRTC) AND A MATCH IN CROSS-REFERENCE CLAIM NUMBER (XRCN).

POSSIBLE-VALUES
RANGE 0 THRU 9

121	1	NDED	NUMBER OF DUAL ENTITLEMENT FIELDS	NUMERIC

DESCRIPTION
REFLECTS THE NUMBER OF DUAL ENTITLEMENT FIELDS PRESENT.

POSSIBLE-VALUES
RANGE 0 THRU 2

122	1	NDTPD	NUMBER OF DISABILITY TEST PROCESS DATA FIELDS	NUMERIC

POSSIBLE-VALUES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			RANGE 0 THRU 5	
123	2	NATWH	NUMBER OF ALIEN TAX WITHHOLDING	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF ALIEN TAX WITHHOLDING HISTORY FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 40	
125	2	NHIST	NUMBER OF HISTORY FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 72	
127	2	NSGAD	NUMBER OF SUBSTANTIAL GAINFUL ACTIVITY FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
129	2	NHUD	NUMBER OF HISTORICAL UNDERPAYMENT DATA FIELDS	NUMERIC
			DESCRIPTION REFLECTS THE NUMBER OF HISTORICAL UNDERPAYMENT FIELDS PRESENT POSSIBLE-VALUES RANGE 0 THRU 50	
131	2	NVTRQ	NUMBER OF VOLUNTARY TAX REQUEST FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 25	
133	1	NCTZN	NUMBER OF CITIZENSHIP FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF CITIZENSHIP FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 3 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
134	2	NLWPR	NUMBER OF LAWFUL PRESENCE DATA FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF LAWFUL PRESENCE DATA FIELDS POSSIBLE-VALUES RANGE 0 THRU 10	
136	2	NBCLM	NUMBER OF BENEFICIARY CLAIM GROUPS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 30	
138	2	NLUS	NUMBER OF LEFT US SUSPENSION FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
140	2	NNUS	NUMBER OF NON US CITIZEN DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 30	
142	1	NBARD	NUMBER OF BARRED COUNTRY FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
143	1	NRQUD	NUMBER OF RECONTACT DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
144	1	NDPRT	NUMBER OF DEPORTATION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
145	2	NFENF	NUMBER OF FOREIGN ENFORCEMENT FIELDS	NUMERIC

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES RANGE 0 THRU 10	
147	1	NDDTH	NUMBER OF DEVELOPMENT FOR DEATH FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
148	2	NWHRU	NUMBER OF WHEREABOUTS UNKNOWN SUSPENSION FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
150	2	NDADD	NUMBER OF DEVELOPMENT ADDRESS FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
152	2	NPRSN	NUMBER OF PRISONER SUSPENSION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
154	1	NADMS	NUMBER OF ADMINISTRATOVE SANCTIONS SUSPENSION FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
155	2	NMISC	NUMBER OF MISCELLANEOUS SUSPENSION FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
157	1	NWAIV	NUMBER OF WAIVER OF BENEFIT PAYMENTS FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
158	1	NWDSP	NUMBER OF CLAIM WITHDRAWAL SUSPENSION FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
159	1	NWDTR	NUMBER OF CLAIM WITHDRAWAL TERMINATION FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
160	2	NCIC	NUMBER OF CHILD IN CARE DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
162	2	NCLC	NUMBER OF CHILD LEFT CARE DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
164	2	NMARR	NUMBER OF MARRIAGE DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
166	1	NSRD	NUMBER OF STUDENT ENTITLEMENT DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
167	2	NDPYE	NUMBER OF DEVELOPMENT REPRESENTATIVE PAYEE DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
169	1	NDDIB	NUMBER OF DEVELOPMENT DIB DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
170	1	NCDIB	NUMBER OF CONTINUING DIB INVESTIGATION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
171	2	NCONV	NUMBER OF CONVERSION SUSPENSION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 20	
173	1	NCREL	NUMBER OF CHILD RELATIONSHIP DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 5	
174	1	NDAGE	NUMBER OF DEVELOP FOR AGE SUSPENSION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 2	
175	2	NVDRC	NUMBER OF VOLUNTARY DRC DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 30	
177	2	NDENY	NUMBER OF BENEFICIARY DENIAL/DISALLOWANCE FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 30	
179	2	NAMOF	NUMBER OF AMOUNT/OFFSET DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 60	
181	2	NWRK	NUMBER OF WORK DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 36	
183	2	NPROT	NUMBER OF PROTECTED PAYMENT DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 10	
185	2	NFUTURE	RESERVED FOR FUTURE USED	NUMERIC

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES 00 - 10	
187	2	NFEAR	NUMBER OF APPOINTED REPRESENTATIVE FEE DATA GROUP OCCURRENCES	NUMERIC
			POSSIBLE-VALUES 00 - 10	
189	1	NGPD	NUMBER OF GOVERNMENT PENSION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 3	
190	2	NGPP	NUMBER OF GOVERNMENT PENSION PAYMENTS DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 72	
192	1	NGPE	NUMBER OF GOVERNMENT PENSION OFFSET EXEMPTION DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 3	
193	2	NGPM	NUMBER OF GOVERNMENT PENSION MONTHLY DATA FIELDS	NUMERIC
			POSSIBLE-VALUES RANGE 0 THRU 72	
195	2	NHI	NUMBER OF HEALTH INSURANCE FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF HEALTH INSURANCE FIELDS PRESENT.	
			POSSIBLE-VALUES RANGE 0 THRU 10 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
197	1	NHIPR	HI PREMIUM HISTORY FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF HI PREMIUM HISTORY FIELDS PRESENT.	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES RANGE 0 THRU 6 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
198	1	NHIRE	NUMBER OF HI PREMIUM REDUCTION FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF HI PREMIUM REDUCTION FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 2 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
199	2	NHITP	NUMBER OF HI THIRD PARTY FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF HI THIRD PARTY FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 10 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
201	2	NSMI	NUMBER OF SUPPLEMENTARY MEDICAL INSURANCE FIELDS	NUMERIC
			DESCRIPTION REFLECTS THE NUMBER OF SUPPLEMENTARY MEDICAL INSURANCE FIELDS PRESENT POSSIBLE-VALUES RANGE 0 THRU 20 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
203	2	NSMPR	NUMBER OF SMI PREMIUM HISTORY FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF SMI PREMIUM HISTORY FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 13 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
205	2	NSMTP	NUMBER OF SMI THIRD PARTY FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF SMI THIRD PARTY FIELDS PRESENT.	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES RANGE 0 THRU 26 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
207	2	NVSMI	NUMBER OF VARIABLE SMI PREMIUM FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF VARIABLE SMI PREMIUM FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 24 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
209	1	NCATA	NUMBER OF SMI RATE CATASTROPHIC FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF SMI RATE CATASTROPHIC FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 9 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
210	1	NDLYS	NUMBER OF DIALYSIS FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF DIALYSIS FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 3 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
211	1	NKDNY	NUMBER OF KIDNEY TRANSPLANT FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF KIDNEY TRANSPLANT FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 3 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
212	1	NMRRJ	NUMBER OF RAILROAD JURISDICTION FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF RAILROAD JURISDICTION FIELDS PRESENT.	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES RANGE 0 THRU 3 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
213	1	NRSDY	NUMBER OF RESIDENCY FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF RESIDENCY FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 3 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
214	2	NGHP	NUMBER OF GROUP HEALTH PLAN FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF GROUP HEALTH PLAN FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 13 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
216	1	NMHCR	NUMBER OF MANAGED HEALTH CARE FIELDS	NUMERIC
			DESCRIPTION DEFINITION REFLECTS THE NUMBER OF MANAGED HEALTH CARE FIELDS PRESENT. POSSIBLE-VALUES RANGE 0 THRU 3 - MINIMUM THRU MAXIMUM NUMBER OF FIELDS	
217	2	NMCR	NUMBER OF MEDICARE + CHOICE REDUCTION OCCURRENCES	NUMERIC
			POSSIBLE-VALUES RANGE 0-20	
219	1	MMI	MAILING METHOD INDICATOR	CHARACTER
			DESCRIPTION REPRESENTS THE MAILING METHOD (FOR NOTICES) ELECTED BY BLIND BENEFICIARIES. THE MMI IS COLLECTED DURING THE INITIAL CLAIMS PROCESS FOR BENEFICIARIES WHOSE DISABILITY IS BASED ON BEING BLIND. MCS IMPLEMENTED IN 1989 AND PASSES THE MMI TO MADCAP ON THE A101. POSSIBLE-VALUES	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

BLANK - NO ELECTION REQUESTED
B - BRAILLE NOTICE REQUESTED
C - CERTIFIED MAIL
T - TELEPHONE CONTACT
R - REGULAR MAIL

220 1 MQFE — MEDICARE QUALIFIED FED EMPLOYMENT BENEFICIARY ID CODE SUBSCRIPT — CHARACTER

DESCRIPTION
DEFINITION
REFLECTS THE VALUE WHICH WOULD BE PLACED IN THE LOW ORDER POSITION OF THE BENEFICIARY IDENTIFICATION CODE (BIC) IF THIS INDIVIDUAL WERE ENTITLED TO REGULAR TITLE II BENEFITS. THE LIMIT PROGRAM DISPLAYS THE MQGE WITH THE BIC.
PROCESSING INFORMATION
MQGE IS BLANK FOR ALL NON MQGE BIC'S AND FOR BIC'S OF TA, TC AND T2 THROUGH T9. MQGE (3RD POSITION OF AN MQGE BIC) IS UPDATED DURING PROCESSING OF INITIAL AWARDS.
EXAMPLE: FOR TB1 MQGE BENEFICIARY, A '1' WOULD BE UPDATED TO MQGE.

MQGE IS ALSO BLANK WHERE BIC:

TB REPRESENTS AN AGED WIFE FIRST CLAIMANT
TD REPRESENTS AN AGED WIDOW FIRST CLAIMANT
TE REPRESENTS A YOUNG WIDOW FIRST CLAIMANT
TW REPRESENTS A DISABLED WIDOW FIRST CLAIMANT

E.G.; AGED HUSBAND (FIRST CLAIMANT) (B1) WOULD HAVE A VALUE OF ONE (1).

221 1 IBI — IMMEDIATE PAYMENT CRITICAL CASE BENEFICIARY INDICATOR — CHARACTER

DESCRIPTION
REFLECTS CPS INVOLVEMENT. IBI IS DELETED BY MUMAINT AFTER CPS INVOLVEMENT IS COMPLETED.
IBI IS ANNOTATED ON LBI BY THE SEARCH OPERATION.

POSSIBLE-VALUES
I - PAYMENT HAS BEEN MADE BY CPS

222 4 DAMT — DEATH AMOUNT — PACKED

MONEY-FORMAT
$$$$$C

DESCRIPTION

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DAMT REPRESENTS THE DEATH UNDERPAYMENT AMOUNT AND IS USED BY PHUS. THE DAMT IS NOT UPDATED TO THE MBR. PHUS PICKS UP THE DAMT FROM THE OBJECT PROGRAM PUT WHEN DUMAS CALLS THE PHUS SOFTWARE.	
226	1	BPP	BENEFIT PIH POINTER	CHARACTER
			DESCRIPTION THIS FIELD IS USED TO REFERENCE THE PROPER WIDOW'S PIA HISTORY. POSSIBLE-VALUES 1 - FIRST CLAIMANT 2 - SECOND CLAIMANT 3 - THIRD CLAIMANT 4 - FOURTH CLAIMANT 5 - FIFTH CLAIMANT BLANK - WIDOW'S INDEXING DOES NOT APPLY	
227	3	ABOD	ADJUSTED BLIND ONSET DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF ADJUSTED BLIND ONSET DATE. (MCS IMPLEMENTED 10/92.)	
230	1	AOI	ADJUSTMENT OVERPAYMENT INDICATOR	CHARACTER
			DESCRIPTION REFLECTS THE SPECIFIC REASON AN OVERPAYMENT AMOUNT WAS DELETED OR REDUCED ON THE MBR THE AOI WILL BE UPDATED TO THE MBR EFFECTIVE COM 12/97. PRIOR TO COM 12/97, THE AOI WAS A PUT-ONLY FIELD. AOI IS USED BY DEBT MANAGEMENT/ROAR. POSSIBLE-VALUES A - UNDERPAYMENT B - PAID VERSUS PAYABLE C - WAIVER APPROVAL D - RETURNED CHECK E - RECOMPUTATION F - ERRONEOUS ESTABLISHMENT G - PREMIUM REFUND H - REMITTANCE J - DEATH UNDERPAYMENT K - EXCESS ATTORNEY FEE	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			L - LUMP SUM DEATH PAYMENT M - CONSERVED FUNDS N - TAX REFUND O - ALIEN TAX REFUND P - MADCAP COMPUTATION (SYSTEMS DERIVED) Q - SUPERENDORSED CHECK WITHHELD R - VOLUNTARY TAX REFUND	
231	3	BCPED	BENEFICIARY COMBINED PAYMENT ENTRY DATE DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH,DAY AND YEAR (MMDDYY) OF BENEFICIARY COMBINED PAYMENT ENTRY DATE. THIS DATE GENERATED ON MBR BY DUMAS. COMBINED PAYMENTS WERE ELIMINATED FROM THE MBR IN 5/98.	PACKED
234	3	DMD-IEP-DOB	DEEMED INITIAL ENROLLMENT PERIOD BIRTHDATE DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION THE ALLEGED BIRTH DATE (MMDDYY) THAT CAUSED THE CLIENT TO MISTAKENTLY BELIEVE THAT HE/SHE WAS UNDER AGE 65 DURING THE INITIAL ENROLLMENT PERIOD. (IMPLEMENTED 7/99)	PACKED
237	1	MEDSTAT	ENROLLEE MULTIPLE STATUS DESCRIPTION THE STATUS OF WHETHER THE ENROLLEE PERIOD IS CONSIDERED THE ACTIVE ONE FOR MEDICARE PURPOSES IN A MULTIPLE ENTITLEMENT CASE. (IMPLEMENTED 7/99) POSSIBLE-VALUES A - ACTIVE PERIOD I - INACTIVE RECORD	CHARACTER
238	1	MEDBILLING	MEDICAL BILLING DESCRIPTION REPRESENTS THE TYPE OF BILLING IN FORCE FOR PART B PREMIUMS (IMPLEMENTED 7/99) POSSIBLE-VALUES	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			B BIT - 1 ALL THE TIME A BIT - 0 ALL THE TIME 8 BIT - 1 IF INSUFFICIENT MONTHLY BENEFIT AMOUNT (MBA) TO WITHHOLD PREMIUMS 4 BIT - 0 ALL THE TIME 2 BIT - 1 IF CURRENT CIVIL SERVICE BILLING FOR SUPPLEMENTAL MEDICAL INSURANCE BENEFITS (SMIB) (PART B) 1 BIT - 1 IF CURRENT THIRD PARTY BILLING FOR PART B	
239	3	SICM-START	SSI CREDIT MONTH START DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION THE FIRST MONTH OF A PERIOD OF SSI ELIGIBILITY TO BE COUNTED TOWARD THE MONTHS OF DISABILITY FOR A DISABLED WIDOW(ER); THE FIRST MONTH OF SSI PAYMENT BASED ON DISABILITY.	PACKED
242	3	MEDRETUS	MEDICARE COVERAGE REQUEST RETURN TO U.S. DATE DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION THE DATE (MMDDYY) OF RETURN TO THE U.S. AFTER A PERIOD OF ABSENCE USED FOR ESTABLISHING AN IEP AFTER AGE 65. (IMPLEMENTED 7/99)	PACKED
245	3	MED-RES-MET-REL	MEDICAL RESIDENCY REQUIREMENT MET DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH & YEAR (MMYYYY) THAT THE MEDICAL RESIDENCY WAS MET	PACKED
248	1	CAUS-INDICATOR	CRIME AGAINST THE UNITED STATES INDICATOR DESCRIPTION CRIME AGAINST THE US INIDICATOR (IMPLEMENTED 7/99) POSSIBLE-VALUES	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			N - NO Y - YES BLANK - EMPTY VALUE	
249	3	HI-CONTS-PRD	HI CONTINUOUS PERIOD	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION THE EARLIEST START DATE FOR THE CURRENT CONTINUOUS OPEN PERIOD OF HI ENTITLEMENT (WHEN MULTIPLE PERIODS OF ENTITLEMENT CREATE CONTINUING ELIGIBILITY, THIS IS THE DATE OF THE EARLIEST PERIOD INVOLVED). WILL BE PRESENT WHENEVER THERE IS OPEN HI REGARDLESS OF NUMBER OF PERIODS INVOLVED.	
252	3	SMI-CONTS-PRD	SMI CONTINUOUS PERIOD	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION THE EARLIEST START DATE FOR THE CURRENT CONTINUOUS OPEN PERIOD OF SMI ENTITLEMENT (WHEN MULTIPLE PERIODS OF ENTITLEMENT CREATE CONTINUING ELIGIBILITY, THIS IS THE DATE OF THE EARLIEST PERIOD INVOLVED). WILL BE PRESENT WHENEVER THERE IS OPEN SMI REGARDLESS OF NUMBER OF PERIODS INVOLVED.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	20	SED	STATE EXCHANGE DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS DATA RELATING TO THE EXCHANGE OF MASTER BENEFICIARY RECORD (MBR) INFORMATION WITH STATE PUBLIC ASSISTANCE AGENCIES.
OPERATIONAL CONSIDERATIONS
SED IS A COMPLETE REPLACEMENT FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	SEWC	STATE EXCHANGE WELFARE CODE	CHARACTER

DESCRIPTION
OPERATIONAL CONSIDERATIONS
THESE CODES ARE THE SAME AS THOSE IN THE THIRD PARTY CODE SUPPLEMENTAL MEDICAL INSURANCE (TPCS) FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	SEAD	STATE EXCHANGE ACTION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF STATE EXCHANGE ACTION DATE.
DUMAS AND T2 BATCH (SUMMARY) GENERATES A SEAD=COM WHENEVER THE HEALTH INSURANCE PRMIUM AMOUNT IN ENRD IS CHANGED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	SEAC	STATE EXCHANGE ACTION CODE	CHARACTER

DESCRIPTION
REFLECTS THE CURRENT STATUS OF DATA EXCHANGE. DUMAS AND T2 BATCH (SUMMARY) PERFORM SOME MAINTENANCE ON SEAC.

POSSIBLE-VALUES
B - EXCHANGE TERMINATED BY STATE BUY-IN DELETION (GENERATED BY DUMAS)
D - EXCHANGE TERMINATED BY STATE DIRECT DELETION
T - BENEFICIARY TERMINATED
X - ACTIVE STATE EXCHANGE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
7	1	SECAC1	STATE EXCHANGE CATEGORICAL ASSISTANCE CODE ONE	CHARACTER

POSSIBLE-VALUES
BLANK - NOT APPLICABLE

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			A - AID TO AGED B - AID TO BLIND C - AID TO FAMILIES WITH DEPENDENT CHILDREN D - AID TO DISABLED F - FOOD STAMPS H - HEALTH MAINTENANCE I - INCOME MAINTENANCE J - AID TO FAMILIES WITH DEPENDENT CHILDREN/FAMILY SERVICES K - MEDICAID AND FOOD STAMPS N - TITLE XIX MEDICAID ELIGIBILITY P - CHILD SUPPORT ENFORCEMENT S - STATEMENT OF CONSENT CASE U - UNEMPLOYMENT COMPENSATION	
8	12	SEWN	STATE EXCHANGE WELFARE CASE NUMBER	CHARACTER

DESCRIPTION
REPRESENTS THE FIRST 12 POSITIONS OF THE WELFARE NUMBER
AS SUBMITTED BY THE STATE.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	PMD	PREMIUM MAINTENANCE DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS PREMIUMS WITHHELD OR REFUNDED VIA PRIOR MONTH ACCRUAL (PMA), CURRENT MONTH ACCRUAL (CMA) OR SPECIAL PAYMENT AMOUNT (SPA) DEBIT ACTIONS.
PURPOSE
USED BY THE TITLE II SYSTEMS TO COMMUNICATE WITH THE SEPARATE OPERATIONS FOR BILLING, ENTITLEMENT, AND REMITTANCES (SOBER) SYSTEM FOR THE ESTABLISHMENT AND PROPER MAINTENANCE OF PREMIUM DEDUCTION AMOUNT (PDA).

PMD IS A COMPLETE REPLACEMENT FIELD. PMD IS DELETED FROM THE MBR AFTER 1 MONTH BY NUMAINT.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	PDR	PREMIUM DEDUCTED OR REFUNDED	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION
ON THE PUT RECORD:
REFLECTS THE AMOUNT OF ARREARAGE RECOVERED OR OVERAGE REFUNDED BY THE CURRENT ACTION FOR CREDITING AGAINST THE CURRENT PREMIUM DEDUCTED AMOUNT (PDA).
THE PREMIUM DEDUCTED OR REFUNDED (PDR) AMOUNT WILL NEVER INCLUDE THE AMOUNT DEDUCTED FOR THE CURRENT OPERATING MONTH (COM).

IF A CREDIT ONLY ACTION IS BEING TAKEN PDR WILL ALWAYS BE BLANK.

ON ALL RECORDS:
ZONED PLUS IF REPRESENTING TOTAL PREMIUMS COLLECTED FOR PAST MONTHS. ZONED MINUS IF REFUND OF PREVIOUS PREMIUMS.

POSSIBLE-VALUES
ON THE PUT RECORD:
0 - CREDIT ACTION BEING TAKEN

ON ALL RECORDS:
NEG VALUE - REFUND OF PREVIOUS PREMIUMS
POS VALUE - TOTAL PREMIUMS COLLECTED FOR PAST MONTHS

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	PRA	PREMIUM REVERSAL AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE PREMIUM REVERSAL AMOUNT (PRA).
OPERATIONAL CONSIDERATIONS
ON THE PUT RECORD:
IF A FIRST (SCHEDULED) CHECK (ONE WHERE PRIOR MONTH ACCRUAL AMOUNT (PAMT) IS ZERO (0) OR BLANK) IS BEING STOPPED AND INCLUDES A PREMIUM REFUND OR DEDUCTION OF ARREARAGES, THIS PRA FIELD WILL CONTAIN THE MASTER PREMIUM DEDUCTED OR REFUNDED (PDR) AMOUNT.

ON ALL RECORDS:
ZONED MINUS IF REPRESENTING TOTAL PREMIUMS COLLECTED FOR PAST MONTHS. ZONED PLUS IF REFUND OF PREVIOUS PREMIUMS.

6	3	CMYI	CURRENT MONTH/YEAR ACCRUAL IND.	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF CURRENT MONTH/YEAR ACCRUAL IND.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	15	BOUD	BENEFICIARY OVER/UNDERPAYMENT DATA	GROUP

DESCRIPTION
OPERATIONAL CONSIDERATIONS
BOUD IS UPDATED BY COMPLETE REPLACEMENT.
ASTERISKS (*) IN THE ENTIRE FIELD WILL DELETE BOUD.

0	5	DPO	DUE PROCESS OVERPAYMENT	PACKED

MONEY-FORMAT
$$$$$$$CC

5	3	DPRD	DUE PROCESS RECOVERY DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REFLECTS THE DATE WHEN THE PAYMENT TO THE BENEFICIARY WILL FIRST BE WITHHELD TO RECOVER AN OVERPAYMENT.

8	2	DPOT	DUE PROCESS OVERPAYMENT TYPE	CHARACTER

POSSIBLE-VALUES
01 - INCORRECT MONTH OF ENTITLEMENT
02 - INCORRECT COMPUTATION
03 - MULTIPLE ENTITLEMENT
04 - NO INSURED STATUS
05 - DUPLICATE PAYMENTS ON A CRITICAL CASE
06 - INVALID FAMILY RELATIONSHIP
07 - OTHER INVALID ENTITLEMENT
08 - DEPORTATION
09 - DUPLICATE PAYMENTS DISABILITY AND RETIREMENT (DIB/RIB) PAYMENTS
10 - SKELETON DUE PROCESS OVERPAYMENT (UNSPECIFIED TYPE)
11 - SUBVERSIVE ACTIVITY
12 - NO CHILD IN HER CARE
13 - ALIEN SUSPENSION
14 - WORK OUTSIDE THE UNITED STATES
15 - PRISONER SUSPENSION
16 - DEATH RECLAMATION
17 - ANNUAL RETIREMENT TEST PERMANENT DEDUCTIONS
18 - DEATH SUPERENDORSEMENT
19 - DIVORCE OR ANNULMENT

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			20 - MARRIAGE 21 - ENTITLEMENT TO WORKERS COMPENSATION 22 - ATTAINMENT AGE 18 23 - ATTAINMENT AGE 19 OR 22 24 - FULL-TIME SCHOOL ATTENDANCE 25 - REFUSAL TO ACCEPT VOCATIONAL REHABILITATION 26 - DISABILITY CESSATION 27 - ATTORNEYS FEES 28 - RAILROAD BOARD (RRB) LIFE 29 - INCORRECT PAYMENTS FOR MEDICARE SERVICES 30 - WITHDRAWALS 31 - STATE OR FEDERAL ASSISTANCE 32 - DUPLICATE TREASURY PAYMENTS 33 - OTHER 34 - CROSS BENEFIT ADJUSTMENT 35 - GOVERNMENT PENSION OFFSET 36 - DRUG ADDICTION/ALCOHOLISM 37 - WINDFALL ELIMINATION PROVISION 38 - PRISONER SUSPENSION--MENTAL INSTITUTION CONFINEMENT 39 - EXTENDED PERIOD OF ELIGIBILITY 40 - FELONIOUS HOMICIDE 41 - DEATH NO RECLAMATION 42 - PENALTY 43 - RRB DEATH 44 - INTERNAL REVENUE SERVICE (IRS) LEVIES 45 - ANNUAL RETIREMENT TEST (TEMPORARY DEDUCTIONS) 46 - MARITIME TAX 47 - MISUSED FUNDS 48 - CONSERVED FUNDS 50 - INVALID 60 - ADMINISTRATIVE SANCTION 61 - REP-PAYEE MISUSED DEBT 62 - PROVISIONAL PAYMENT OVERPAYMENT (EBO) 63 - TITLE 8 CROSS PROGRAM ADJUSTMENT 64 - CIVIL MONETARY PENALTY 65 - FRAUDULENT BENEFIT PAYMENTS 66 - REP-PAYEE DEATH (SEPARATE FROM TOE 16) 67 - STOLEN/MUTILATED/LOST ENDORSED CHECK (SEPARATE FROM TOE 32) 68 - WINDFALL OFFSET OVERPAYMENT (SEPARATE FROM TOE 31) 69 - CDR DIB CESSATION OVERPAYMENT (SEPARATE FROM TOE 26) 70 - MEDICAL DIB CESSATION OVERPAYMENT (SEPARATE FROM TOE 26) 71 - EMPLOYMENT (SGA) DIB CESSATION OVERPAYMENT	
10	4	DWA	DUE PROCESS WITHHOLDING AMOUNT	NUMERIC
			MONEY-FORMAT $$$$	
			POSSIBLE-VALUES	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			9999 - RECOVERY TO BE ACCOMPLISHED THROUGH FULL BENEFIT WITHHOLDING	
14	1	PROTEST	PROTEST INDICATOR	CHARACTER

DESCRIPTION
REPRESENTS THE TYPE OF PROTEST FILED FOR THE OVERPAYMENT HOUSED IN DUE PROCESS OVERPAYMENT (DPO) AND DUE PROCESS OVERPAYMENT TYPE (DPOT).

POSSIBLE-VALUES
BLANK - NO PROTEST
A - ADJUSTMENT REQUEST (PARTIAL)
B - FULL REFUND
C - COMBINED WAIVER/RECONSIDERATION REQUEST
D - TAX REFUND OFFSET (TRO) WAIVER REQUEST
E - EXPLANATION WORKSHEET
F - TAX REFUND OFFSET (TRO) EXPLANATION
G - BANKRUPTCY PETITION
H - HEARING REQUEST
I - MISCELLANEOUS
J - JUSTICE (FRAUD CASES TO DOJ)
K - SSI CORRECTION
L - LEGISLATIVE/COURT CASE
M - BANKRUPTCY MATURITY
N - INFORMAL WAIVER REQUEST
O - OFFER COMPROMISE REQUEST
P - PERSONAL CONFERENCE REQUEST
Q - TAX REFUND OFFSET (TRO) NON-ENFORCEABLE
R - RECONSIDERATION REQUEST
S - WORKSHEET REQUEST
T - RRB REQUEST
V - DELAYED COLLECTION
W - WAIVER REQUEST
X - CONVERSION CASE (1991 MBR REWRITE CONVERSION)
Y - BENEFIT CONTINUATION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	REPD	REPRESENTATIVE PAYEE DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS DATA PERTAINING TO THE PAYEE AND CUSTODY OF THIS BENEFICIARY.
OPERATIONAL CONSIDERATIONS
REPD IS UPDATED BY COMPLETE REPLACEMENT.
ASTERISKS (*) IN THE ENTIRE FIELD WILL DELETE REPD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	DOS-REL	DATE OF SELECTION	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF DATE OF SELECTION
DESCRIPTION/POSSIBLE VALUES
YEAR 1900 - MBR REWRITE CONVERSION OPERATION ESTABLISHED THE YEAR OF 1900 WHEN THE DOS DATE WAS MODIFIED FROM A CHARACTER FIELD TO PACKED DECIMAL REL. TO 1800. WHEN THE DATE FORMAT WAS MODIFIED, IF THE DATE WAS 00, IT WAS CONVERTED TO 1900. BASICALLY, THE YEAR 1900 MEANS THE ACTUAL DOS YEAR IS UNKNOWN.
YEAR 1941 - REPRESENTS DUMMY REP PAYEE DATA AND IDENTIFIES A PARTICULAR SUBCLASS OF REP PAYEE ORIENTED BENEFICIARIES. SOMETIME IN THE 1960'S DUMMY REP PAYEE DATA WAS ANNOTATED TO THE BENEFICIARY PORTION OF THE MBR THAT WERE MISSING REP PAYEE CODING. THE DOS YEAR OF 1941 WAS PART OF THE DUMMY REP PAYEE DATA ANNOTATED TO THE MBR.

(NOTE: THE RECORDS CONTAINING THESE DATES ARE PRIMARILY OLD/INACTIVE RECORDS.)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	1	TOP	TYPE OF PAYEE	CHARACTER

BASIC-EDIT-CRITERIA
ON THE PUT RECORD:
TOP MAY NOT CONTAIN AN ASTERISK (*).

POSSIBLE-VALUES
OBSOLETE CODES ON THE MBR RECORD:
X - SOCIAL AGENCY
Z - PUBLIC INSTITUTION

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			ON ALL RECORDS: A - BENEFICIARY DIRECT (SEL) B - SPOUSE (SPO) C - NATURAL OR ADOPTIVE FATHER (FTH) D - NATURAL OR ADOPTIVE MOTHER (MTH) E - STEPFATHER (SFT) F - STEPMOTHER (SMT) G - GRANDPARENT (GPR) H - NATURAL OR ADOPTIVE CHILD OR STEPCHILD (CHD) I - OTHER RELATIVE (REL) J - FEDERAL NONMENTAL INSTITUTION (FDO) K - FEDERAL MENTAL INSTITUTION (FDM) L - STATE OR LOCAL NONMENTAL INSTITUTION (SLO) M - STATE OR LOCAL MENTAL INSTITUTION (SLM) N - PRIVATELY-OWNED NONMENTAL INSTITUTION (PRO) O - PRIVATELY-OWNED MENTAL INSTITUTION (PRM) P - NONPROFIT NONMENTAL INSTITUTION (NPO) Q - NONPROFIT MENTAL INSTITUTION (NPM) R - FINANCIAL ORGANIZATION (FIN) S - SOCIAL AGENCY (AGY) T - PUBLIC OFFICIAL (OFF) U - OTHER (OTH) V - PAYEE BEING DEVELOPED (RPD) W - UNKNOWN FOR MINOR CHILD Y - NON CLASSIFIED	
4	1	CC	CUSTODY CODE	CHARACTER
			DESCRIPTION DEFINITION A CODE DESIGNATING THE LIVING SITUATION OF A BENEFICIARY WHO HAS OR HAS HAD A REPRESENTATIVE PAYEE. POSSIBLE-VALUES OBSOLETE CODES ON THE MBR RECORD: W - INSTITUTION X - SOCIAL AGENCY Y - PRIVATE INSTITUTION Z - PUBLIC INSTITUTION ON ALL RECORDS: A - BENEFICIARY DIRECT (SEL) B - SPOUSE (SPO) C - NATURAL OR ADOPTIVE FATHER (FTH) D - NATURAL OR ADOPTIVE MOTHER (MTH) E - STEPFATHER (SFT) F - STEPMOTHER (SMT) G - GRANDPARENT (GPR)	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			H - NATURAL OR ADOPTIVE CHILD OR STEPCHILD (CHD) I - OTHER RELATIVE (REL) J - FEDERAL NONMENTAL INSTITUTION (FDO) K - FEDERAL MENTAL INSTITUTION (FDM) L - STATE OR LOCAL NONMENTAL INSTITUTION (SLO) M - STATE OR LOCAL MENTAL INSTITUTION (SLM) N - PRIVATELY-OWNED NONMENTAL INSTITUTION (PRO) O - PRIVATELY-OWNED MENTAL INSTITUTION (PRM) P - NONPROFIT NONMENTAL INSTITUTION (NPO) Q - NONPROFIT MENTAL INSTITUTION (NPM) R - FINANCIAL ORGANIZATION (FIN) S - SOCIAL AGENCY (AGY) T - PUBLIC OFFICIAL (OFF) U - OTHER (OTH) V - IN PAYEE'S CUSTODY (PYE)	
5	1	GS	GUARDIAN STATUS POSSIBLE-VALUES E - BENEFICIARY HAS AN ESTATE IN EXCESS OF $100,000 L - BENEFICIARY HAS ENTERED INTO A 'LIVING TRUST AGREEMENT' WITH A BANK OR FINANCIAL INSTITUTION AS PAYEE N - NO GUARDIAN HAS BEEN APPOINTED O - BENEFICIARY HAS A GUARDIAN, BUT THE PAYEE IS NOT THE GUARDIAN S - GUARDIAN STATUS NO LONGER APPLICABLE U - UNKNOWN Y - PAYEE IS THE GUARDIAN	CHARACTER
6	3	NAM	NEGOTIATED ACCOUNTABLILITY MONTH DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF NEGOTIATED ACCOUNTABILITY MONTH	PACKED
9	2	YIPS-REL-Y	YEAR INITIAL PAYEE SELECTED DATE-FORMAT PACKED,YEARS REL-1800 DESCRIPTION PROCESSING INFORMATION: YEAR (YY) OF THE YEAR INITIAL PAYEE SELECTED. THE YIP IS GENERATED BY DUMAS. THE DOS YEAR IS GENERATED TO THE YIP.	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION/POSSIBLE VALUES YEAR 1900 - SAME INFORMATION AS DEFINED IN DOS. YEAR 1941 - SAME INFORMATION AS DEFINED IN DOS.	
11	1	CMC	COMPETENCY CODE	CHARACTER
			DESCRIPTION REPRESENTS COMPETENCY OF THE BENEFICIARY TO RECEIVE NOTICES POSSIBLE-VALUES BLANK - DEFAULT Y - YES N - NO	
12	9	RPN	REPRESENTATIVE PAYEE NUMBER	CHARACTER
			DESCRIPTION IF PAYEE IS AN INDIVIDUAL, THIS FIELD REPRESENTS THE PAYEE OWN SSN. IF THE PAYEE IS AN ORGANIZATION, THIS FIELD REPRESENTS THE LOCAL ZIP CODE OF THE ORGANIZATION PLUS AN INTERNAL 4 POSITION IDENTIFIER ASSIGNED BY THE REP PAYEE SYSTEM (RPS) SOFTWARE. POSSIBLE-VALUES NUMERIC	
21	1	RPNI	REPRESENTATIVE PAYEE NUMBER INDICATOR	CHARACTER
			DESCRIPTION IDENTIFIES WHETHER REPRESENTATIVE PAYEE NUMBER (RPN) IS AN SSN OR AN ORGANIZATION. POSSIBLE-VALUES BLANK - DEFAULT 1 - SSN 2 - ORGANIZATION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	ATRD	ALIEN TAX REFUND DATA	GROUP

DESCRIPTION
ATRD IS UPDATED BY COMPLETE REPLACEMENT.
ATRD IS DELETED FROM THE MASTER BENEFICIARY RECORD (MBR)
WHEN THE PUT ATRD IS ASTERISK-FILLED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	TRI	ALIEN TAX REFUND INDICATOR	CHARACTER

DESCRIPTION
INDICATES ALIEN TAX REFUND

POSSIBLE-VALUES
ON THE PUT RECORD:
BLANK - TAX REFUND AMOUNT HAS BEEN PAID
NR - TAX REFUND AMOUNT HAS NOT BEEN PAID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
2	3	TRA	TAX REFUND AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
REFLECTS ALIEN TAX REFUND AMOUNT

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	18	DRCD	DELAYED RETIREMENT CREDIT DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS THAT A DELAYED RETIREMENT CREDIT (DRC) HAS BEEN CONSIDERED OR GIVEN.
OPERATIONAL CONSIDERATIONS
DRCD IS UPDATED BY COMPLETE REPLACEMENT.
ASTERISKS (*) IN THE ENTIRE FIELD WILL DELETE DRCD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	DRSC	DELAYED RETIREMENT SELECTION CODE	CHARACTER

POSSIBLE-VALUES
BLANK - DELAYED RETIREMENT CREDIT (DRC) DOES NOT APPLY TO THIS BENEFICIARY
D - DELAYED RETIREMENT CREDIT GIVEN; USED WHEN ALL NONPAYMENT MONTHS THROUGH THE DELAYED RETIREMENT CREDIT YEAR (DRCY) HAVE BEEN USED IN THE MONTHLY BENEFIT AMOUNT (MBA) COMPUTATION AND NO DEDUCTIONS HAVE BEEN IMPOSED FOR ANY LATER YEAR
E - CHANGE MADE TO PREVIOUSLY USED DRC DATA; USED WHEN THE MASTER BENEFICIARY RECORD (MBR) SHOULD BE SELECTED BY THE SELECTION PROGRAM FOR DRC PROCESSING; SHOULD NOT BE NEEDED BY THE AUTOMATED JOB STREAM (AJS), SINCE IT WILL PROCESS IMMEDIATELY.
F - ANNUAL REPORT FILED FOR YEAR SUBSEQUENT TO DRC COMPUTATION YEAR AND/OR CURRENT YEAR EARNINGS WILL REQUIRE COMPUTATION IN THE FOLLOWING YEAR; IN THE LATTER CASE, CUMULATIVE RETIREMENT INCREMENT MONTHS CURRENT (CRIMC) WILL CONTAIN NUMBER OF DRC MONTHS IF A DRC WAS GIVEN; IT MEANS THAT DEDUCTIONS UNDER THE 7-DAY OR ANNUAL EARNINGS TEST HAVE BEEN IMPOSED FOR THE CURRENT YEAR; IT WILL ALSO BE USED IN THE YEAR OF ENTITLEMENT WHERE THERE ARE NON-PAYMENT, FULLY INSURED MONTHS IN OR AFTER ATTAINMENT OF AGE 65 AND PRIOR TO THE DATE OF ENTITLEMENT (DOE) AND SUCH MONTHS HAVE NOT YET BEEN USED IN THE MBA COMPUTATION

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
1	2	DRCY	DELAYED RETIREMENT YEAR	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			YEAR (YY) OF DELAYED RETIREMENT COMP YEAR	
3	2	CRIMC	CUMULATIVE RETIREMENT INCREMENT MONTHS CURRENT	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE TOTAL NUMBER OF DELAYED RETIREMENT INCREMENT MONTHS USED IN THE PRESENT BENEFIT COMPUTATION.

POSSIBLE-VALUES
RANGE 00 THRU 84 - TOTAL NUMBER OF DELAYED RETIREMENT INCREMENT MONTHS USED
ZEROS - DEFAULT VALUE FOR DATA PURIFICATION

5	2	CRIM1	CUMULATIVE RETIREMENT INCREMENT MONTHS FIRST PRIOR YEAR	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE INCREMENT MONTHS USED FOR THE DELAYED RETIREMENT CREDIT (DRC) IN THE YEAR PRIOR TO THE DELAYED RETIREMENT COMPUTATION YEAR (DRCY).

POSSIBLE-VALUES
RANGE 00 THRU 84 - NUMBER OF INCREMENT MONTHS USED
ZEROS - DEFAULT VALUE FOR DATA PURIFICATION

7	2	CRIM2	CUMULATIVE RETIREMENT INCREMENT MONTHS SECOND PRIOR YEAR	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE INCREMENT MONTHS USED FOR THE DELAYED RETIREMENT CREDIT (DRC) IN THE SECOND YEAR PRIOR TO THE DELAYED RETIREMENT COMPUTATION YEAR (DRCY).

POSSIBLE-VALUES
RANGE 00 THRU 84 - NUMBER OF INCREMENT MONTHS USED
ZEROS - DEFAULT VALUE FOR DATA PURIFICATION

9	2	CRIM3	CUMULATIVE RETIREMENT INCREMENT MONTHS THIRD PRIOR YEAR	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE INCREMENT MONTHS USED FOR THE DELAYED RETIREMENT CREDIT (DRC) IN THE THIRD YEAR PRIOR TO THE DELAYED RETIREMENT COMPUTATION YEAR (DRCY).

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

POSSIBLE-VALUES
RANGE 00 THRU 84 - NUMBER OF INCREMENT MONTHS USED
ZEROS - DEFAULT VALUE FOR DATA PURIFICATION

11	5	PIARA	PRIMARY INSURANCE AMOUNT REDUCTION AMOUNT	NUMERIC

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF REDUCTION TO BE APPLIED TO THE PRIMARY INSURANCE AMOUNT (PIA) PRIOR TO APPLYING THE DELAYED RETIREMENT CREDIT (DRC).
PURPOSE
USED IN SITUATIONS WHERE PRIOR ENTITLEMENT CAUSES A REDUCTION IN BENEFITS UPON ANOTHER ACCOUNT NUMBER.

16	2	SIM	SURVIVOR INCREMENT MONTHS	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE NUMBER OF WORK MONTHS USED IN COMPUTING THE SURVIVOR DELAYED RETIREMENT CREDIT (DRC).

POSSIBLE-VALUES
ZEROS - DEFAULT VALUE FOR DATA-PURIFICATION:

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	11	PDD	PARTIAL DEDUCTION DATA	GROUP
			DESCRIPTION PDD IS A COMPLETE REPLACEMENT FIELD. IT IS CURRENTLY USED FOR GARNISHMENT RECORDS.	
0	5	MDA	MONTHLY DEDUCTION AMOUNT	NUMERIC
			MONEY-FORMAT $$$$C	
			DESCRIPTION DEFINITION REFLECTS THE AMOUNT OF BENEFIT TO BE WITHHELD AS DEDUCTION FOR EACH MONTH STARTING WITH DEDUCTION BEGINNING DATE (DBD) AND ENDING WITH DEDUCTION CESSATION DATE (DCD).	
			POSSIBLE-VALUES ZEROS - DEFAULT VALUE FOR DATA-PURIFICATION:	
5	3	DBD	DEDUCTION BEGINNING DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF DEDUCTION BEGINNING DATE	
8	3	DCD	DEDUCTION CESSATION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF DEDUCTION CESSATION DATE	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	17	PRD	PARTIAL RECOVERY DATA	GROUP
			DESCRIPTION PRD IS A COMPLETE REPLACEMENT FIELD. PRD IS DELETED WHEN PUT CONTAINS ASTERISKS IN IRA (7 POSITIONS) OR WHEN ENTIRE PRD IS ASTERISK-FILLED IN PUT.	
0	5	IRA	INITIAL RECOVERY AMOUNT	PACKED
			MONEY-FORMAT $$$$$$$CC	
5	3	RCD	RECOVERY CESSATION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS THE MONTH AND YEAR THAT BENEFITS WILL BE RESUMED AT FULL RATE	
8	5	MRA	MONTHLY RECOVERY AMOUNT	NUMERIC
			MONEY-FORMAT $$$$C	
13	3	RSD	RECOVERY SUSPENSION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REFLECTS FIRST MONTH AND YEAR OF NON-RECOVERY BECAUSE PAYMENTS ARE SUSPENDED OR TERMINATED.	
16	1	RIFS	RECOVERY INDICATOR FOR PARTIAL WITHHOLDING	CHARACTER
			DESCRIPTION DEFINITION REFLECTS WHETHER A PARTIAL WITHHOLDING OF TITLE II BENEFITS IS TO COLLECT OTHER THAN A TITLE II OVERPAYMENT. PURPOSE USED BY THE PAYMENT HISTORY UPDATE SYSTEM (PHUS) SO	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

IT WILL NOT COUNT THE COLLECTION AS BENEFITS REPAID.

DISPLAY-INFORMATION
DISPLAY ON FULL MASTER BENEFICIARY RECORD ACCOUNT QUERY (MBR FACT) AND ABBREVIATED MBR ACCOUNT QUERY (AACT); DO NOT DISPLAY ON MINI MBR QUERY.

POSSIBLE-VALUES
BLANK - DEFAULT VALUE
1 - TITLE XVI COLLECTION
2 - BLACK LUNG COLLECTION
3 - COLLECTION OF MEDICARE BENEFIT OVERPAYMENT
4 - MEDICARE PREMIUM OVERPAYMENT

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	IND	INSTALLMENT DATA	GROUP

DESCRIPTION
IND IS A COMPLETE REPLACEMENT FIELD. THIS FIELD WILL BE PRESENT ON INSTALLMENT RECORDS ESTABLISHED PRIOR TO 3/1/95.

EFFECTIVE 3/1/95, INSTALLMENT PAYMENTS WILL BE ESTABLISHED ON THE MBR WITH THE CIND FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	INSTAL	INSTALLMENT INDICATOR	CHARACTER

POSSIBLE-VALUES
U - UNKNOWN

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	31	SID	SECURITY INCOME DATA	GROUP
			DESCRIPTION DEFINITION REFLECTS INFORMATION FROM THE SUPPLEMENTAL SECURITY INCOME (SSI) SYSTEM. OPERATIONAL CONSIDERATIONS SID IS A COMPLETE REPLACEMENT FIELD.	
0	3	SIAD	SSI DATA ACCRETION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF DATE THAT SID WAS INITIALLY ANNOTATED TO THE MBR.	
3	5	RZIP	RESIDENCE ZIP CODE	NUMERIC
0				
8	4		FILLER	
12	3	EDRC	EFFECTIVE DATE OF RESIDENCE CHANGE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF EFFECTIVE DATE OF RESIDENCE CHANGE	
15	1	SLAC	SUPPLEMENTAL SECURITY INCOME LIVING ARRANGEMENT CODE	CHARACTER
			POSSIBLE-VALUES ON THE MBR RECORD: HYPHEN - DATA NOT REPLACED IN RESATURATION ON ALL RECORDS: A OR J - OWN HOUSEHOLD B OR K - ANOTHER'S HOUSEHOLD C OR L - PARENT'S HOUSEHOLD D OR M - INSTITUTION TITLE XIX	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
16	1	SIFT	SECURITY INCOME FILE TYPE	CHARACTER

POSSIBLE-VALUES
- A - AGED INDIVIDUAL OR SPOUSE
- B - BLIND INDIVIDUAL, SPOUSE OR CHILD
- C - MSSICS INELIGIBLE CHILD
- D - DISABLED INDIVIDUAL, SPOUSE OR CHILD
- E - ESSENTIAL PERSON ONLY
- F - AGED INDIVIDUAL OR SPOUSE WITH REPRESENTATIVE PAYEE
- G - BLIND INDIVIDUAL, SPOUSE OR CHILD WITH REP PAYEE
- H - DISABLED INDIVIDUAL, SPOUSE OR CHILD WITH REP PAYEE
- P - INELIGIBLE PARENT
- R - MSSICS INELIGIBLE ALIEN SPONSOR
- S - INELIGIBLE SPOUSE
- T - ESSENTIAL PERSON ONLY (INELIGIBLE PARENT OR SPOUSE)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
17	3	SIED	SECURITY INCOME ENT/TERM DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF SECURITY INCOME ENT/TERM DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
20	1	SISC	SECURITY INCOME STATUS CODE	CHARACTER

DESCRIPTION
REPRESENTS THE CURRENT ELIGIBILITY STATUS OF SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS.

POSSIBLE-VALUES
- A - INDIVIDUAL ELIGIBLE FOR SSI (AND ELIGIBLE FOR 10% RECOVERY OVERPAYMENT LIMIT) AND NOT ELIGIBLE FOR MEDICAID OR THIRD PARTY BUY-IN
- B - TERMINATED DUE TO EXCESS INCOME RESULTING FROM TITLE II BENEFIT RATE INCREASE
- C - CONDITIONAL SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENT
- D - DENIED
- E - RECEIVES FEDERAL PAYMENT
- G - SSI RECIPIENT ENGAGING IN SUBSTANTIAL GAINFUL ACTIVITY (SGA); NOT ELIGIBLE FOR SPECIAL SSI PAYMENT; RETAINS ELIGIBILITY FOR TITLES XIX AND XX
- I - INELIGIBLE SPOUSE, INELIGIBLE PARENT, OR ESSENTIAL PERSON
- L - DENIED;RECEIVED PAYMENT
- M - SSI RECIPIENT ENGAGING IN SGA; ELIGIBLE FOR SPECIAL SSI PAYMENT
- N - TERMINATED;ERRONEOUS STATE CONVERSION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			P - PENDING SSI DETERMINATION S - RECEIVES STATE SUPPLEMENT T - TERMINATED FOR REASONS NOT SPECIFICALLY DEFINED U - TERMINATED DUE TO DEATH; SOURCE OF REPORT UNKNOWN V - TERMINATED VIA T30 PROCEDURES; NOT REACCRETED W - STATE SUPPLEMENT TERMINATED (NO LONGER USED) X - TERMINATED DUE TO DEATH Y - TERMINATED DUE TO EXCESS INCOME Z - TERMINATED DUE TO EXCESS RESOURCES	
21	5	SCCR	STATE AND COUNTY CODE OF RESIDENCE	NUMERIC
			DESCRIPTION OPERATIONAL CONSIDERATIONS ZONED MINUS IF RESIDENCE CHANGES AFTER THE ESTABLISHMENT OF SUPPLEMENTAL SECURITY INCOME (SSI) RECORD.	
26	3	XIXED	TITLE XIX ENTITLEMENT DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF TITLE XIX ENTITLEMENT DATE	
29	1	XIXEC	TITLE XIX ENTITLEMENT CODE	CHARACTER
			POSSIBLE-VALUES E - ELIGIBLE FOR TITLE XIX (STATE DETERMINATION) I - INELIGIBLE FOR TITLE XIX (STATE DETERMINATION) J - UPDATE ACTION BY SUPPLEMENTAL SECURITY INCOME (SSI) R - REFERRED TO STATE FOR DETERMINATION S - STATE DETERMINATION, NOT SSA RESPONSIBILITY X - ELIGIBLE FOR TITLE XIX (SSA DETERMINATION)	
30	1	SCADI	STATE CONVERSION AND ALCOHOL DRUG INDICATOR	CHARACTER
			POSSIBLE-VALUES BLANK - NONE OF THE ABOVE 0 - DEFAULT VALUE 1 - STATE CONVERSION AND ALCOHOL DRUG INDICATION A - ALCOHOL B - DRUGS AND ALCOHOL D - DRUGS J - ALCOHOL (STATE CONVERSION) K - DRUGS AND ALCOHOL (STATE CONVERSION)	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			L - STATE CONVERSION CASE	
			M - DRUGS (STATE CONVERSION)	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	RAIL	RAILROAD DATA	GROUP
			DESCRIPTION DEFINITION REFLECTS INFORMATION ABOUT THE BENEFICIARY'S RAILROAD RELATIONSHIPS. OPERATIONAL CONSIDERATIONS RAIL IS A COMPLETE REPLACEMENT FIELD.	
0	3	RRAD	RAILROAD DATA ACCRETION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF DATE THAT RAIL DATA WAS INITIALLY ANNOTATED TO THE MBR.	
3	11	RLCN	RAILROAD CLAIM NUMBER	CHARACTER
14	1	RLSC	RAILROAD STATUS CODE	CHARACTER
			POSSIBLE-VALUES A - ACTIVE CLAIM S - SUSPENDED T - TERMINATED CLAIM	
15	1	RLCON	RAILROAD CONNECTION	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS RAILROAD CURRENT CONNECTION CODE.	
			POSSIBLE-VALUES N - NO CURRENT RAILROAD CONNECTION U - UNKNOWN Y - CURRENT RAILROAD CONNECTION	
16	1	RLDC	RAILROAD DATA CODE	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS RAILROAD DATA SOURCE.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES I - MASS ANNOTATION M - MAINTANENCE INPUT O - UPDATED FROM SOURCE OTHER THAN RAILROAD BOARD T - TRIC ANNOTATION	
17	1	RUQC	RAILROAD UPDATE QUESTIONABLE CODE	CHARACTER
			POSSIBLE-VALUES BLANK - NONQUESTIONABLE F - FORCED NONQUESTIONABLE BY RAILROAD BOARD (RRB) Q - UPDATE WAS QUESTIONABLE	
18	3	RUD	RAILROAD UPDATE DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF RAILROAD UPDATE DATE	
21	1	SJUR	SURVIVOR JURISDICTION INDICATOR	CHARACTER
			DESCRIPTION SJUR NOT YET ACTIVATED. FOR FUTURE USE. DEFINITION A CODE INDICATING WHICH AGENCY, RRB OR SSA, HAS/WILL HAVE JURISDICTION OF SURVIVOR CLAIM. THE DECISION WILL BE MADE BY RRB AND COMMUNICATED TO SSA ELECTRONICALLY FOR POSTING BY THE BENEFICIARY ANNOTATION AND COMMUNICATION (BACOM) OPERATION.	
			POSSIBLE-VALUES R - RRB WILL HAVE/HAS JURISDICTION OF SURVIVOR CLAIM S - SSA WILL HAVE/HAS JURISDICTION OF SURVIVOR CLAIM BLANK - JURISDICTION UNKNOWN	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	7	AWAD	ALIEN WITHHOLDING ACCOUNTING DATA	GROUP

DESCRIPTION
PURPOSE
USED TO PASS NONRESIDENT ALIEN TAXES FOR EACH TRANSACTION TO TRUST FUND ACCOUNTING OPERATIONS. AWAD WAS A PUT-ONLY FIELD PRIOR TO 7/99. EFFECTIVE 7/99, AWAD IS UPDATED TO THE MBR.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	ATA	ADJUSTED TREASURY AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION
REFLECTS AMOUNT OF NONRESIDENT ALIEN TAXES WITHHELD FROM THE BENEFICIARY PRIOR AMOUNT (BPAMT), BENEFICIARY CURRENT AMOUNT (BCAMT), OR BOTH, IN ANY ONE TITLE II TRANSACTION.
PURPOSE
USED ALONG WITH ONGOING WITHHOLDING AMOUNTS BY THE MONTHLY UPDATE (MBR UPDATE SYSTEM , MUS) TO REPORT MONTHLY TAX WITHHOLDINGS TO THE TREASURY DEPARTMENT.

POSSIBLE-VALUES
ZEROS - DEFAULT VALUE
NEG VALUE - AN AFTER UPDATE ACTION STOPS OR DECREASES THE CURRENT MONTHLY TAX

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	ATRA	PRIOR YEAR ALIEN TAX REFUND AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF PRIOR YEAR ALIEN TAX REFUND.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	ATRI	PRIOR YEAR ALIEN TAX REFUND INDICATOR	CHARACTER

DESCRIPTION
DEFINITION
INDICATES PRIOR YEAR ALIEN TAX REFUND.
NOT ACTIVATED.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	BRD	BENEFICIARY REFERENCE DATA	GROUP

DESCRIPTION
  DEFINITION
    REFLECTS AN AUXILIARY OR SURVIVOR BENEFICIARY'S OWN
    ACCOUNT NUMBER OR THE FACT THAT THE BENEFICIARY HAS
    MULTIPLE ACCOUNT NUMBERS.
  OPERATIONAL CONSIDERATIONS
    BRD IS A COMPLETE REPLACEMENT FIELD.

    IF THE MULTIPLE ACCOUNT NUMBER IS KNOWN, IT WILL BE
    RECORDED IN CROSS REFERENCE DATA.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	BRC	BENEFICIARY REFERENCE CODE	CHARACTER

POSSIBLE-VALUES
   B BIT - 1 ALL THE TIME
   A BIT - 1 IF MULTIPLE ACCOUNT NUMBERS
   8 BIT - 1 IF BENEFICIARY'S OWN ACCOUNT NUMBER (BOAN) WAS
           RECEIVED FROM SUPPLEMENTAL SECURITY RECORD (SSR)
   4 BIT - 1 IF INTERIM SECONDARY VALIDATION WAS COMPLETED
   2 BIT - 1 IF BOAN WAS RECEIVED FROM A DISTRICT OFFICE
   1 BIT - 1 IF NUMBER WAS VALIDATED

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
1	9	BOAN	BENEFICIARYS OWN ACCOUNT NUMBER	NUMERIC

DESCRIPTION
  DEFINITION
    BENEFICIARY'S OWN SSN AS SHOWN ON THE MBR OR SSN FILE

  X-REFERENCE
    MBR-ABSTRACT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	DODD	DATE OF DEATH DATA	GROUP

DESCRIPTION
DODD IS A COMPLETE REPLACEMENT FIELD.

DODD IS PRESENT ONLY WHEN THIS BENEFICIARY IS KNOWN TO BE DEAD. HOWEVER, DEATH NEED NOT BE THE REASON FOR TERMINATION OF ENTITLEMENT.

0	3	BDOD	BENEFICIARY DATE OF DEATH	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF BENEFICIARY DATE OF DEATH

3	1	DODDI	DATE OF DEATH DEFAULT INDICATOR	CHARACTER

DESCRIPTION
INDICATOR IS SET TO Y WHEN DAY OF DEATH IS UNKNOWN.
THE DAY = 15 WILL BE STORED ON MBR WHEN IS UNKNOWN.
HOWEVER, WHEN DODDI = Y THE MBR LIMIT PROGRAM WILL DISPLAY DAY = 00. (IMPLEMENTED 9/93)

POSSIBLE-VALUES
Y - YES, ACTUAL DAY OF DEATH IS UNKNOWN AND A DEFAULT DAY HAS BEEN ESTABLISHED
BLANK - DEFAULT

4	1	PODC	PROOF OF DEATH CODE	CHARACTER

DESCRIPTION
INDICATES WHEN PROOF OF DEATH HAS BEEN FURNISHED.

POSSIBLE-VALUES
P - PROOF FURNISHED
BLANK - DEFAULT (NO PROOF)

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	37	CPDR	CHECK PRORATION DIRECT REMITTANCE DATA	GROUP

DESCRIPTION
PURPOSE
USED TO CAPTURE ANY PRIOR MONTH ACCRUAL (PMA) OR CURRENT MONTH ACCRUAL (CMA) DATA THAT IS NOT SUPPORTED BY CHANGES TO THE MASTER BENEFICIARY RECORD (MBR). CPDR IS UPDATED AS A COMPLETE REPLACEMENT FIELD.
OPERATIONAL CONSIDERATIONS
THE PMA OR CMA WILL BE PRORATED BY TAXABLE YEAR. CPDR IS USED BY PHUS. PRIOR TO 7/99, CPDR DATA WAS A PUT-ONLY FIELD. EFFECTIVE 7/99, CPDR DATA IS UDATED TO THE MBR.

0	4	CYP	CURRENT YEAR PRORATION	PACKED

MONEY-FORMAT
$$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO MONTHS IN THE CURRENT TAXABLE YEAR (DECEMBER CURRENT OPERATING MONTH THROUGH NOVEMBER CURRENT OPERATING MONTH).
PURPOSE
USED BY THE PAYMENT HISTORY UPDATE SYSTEM (PHUS), IF THE PAYMENT CANNOT BE SPLIT BASED ON THE INFORMATION IN BENEFIT HISTORY.

POSSIBLE-VALUES
ZEROS - DEFAULT VALUE

4	4	PYP1	FIRST PRIOR YEAR PRORATION	PACKED

MONEY-FORMAT
$$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE PART OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO THE YEAR BEFORE THE CURRENT TAXABLE YEAR.

8	4	PYP2	SECOND PRIOR YEAR PRORATION	PACKED

MONEY-FORMAT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			$$$$$C	
			DESCRIPTION DEFINITION REFLECTS THE PART OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO THE SECOND YEAR BEFORE THE CURRENT TAXABLE YEAR.	
12	4	PYP3	THIRD PRIOR YEAR PRORATION	PACKED
			MONEY-FORMAT $$$$$C	
			DESCRIPTION DEFINITION REFLECTS THE PART OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO THE THIRD YEAR BEFORE THE CURRENT TAXABLE YEAR.	
16	4	PYPNT	ALL NON-TAXABLE YEARS PRORATION	PACKED
			MONEY-FORMAT $$$$$C	
			DESCRIPTION DEFINITION REPRESENTS TAX PART OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO THE PERIOD 11/83 AND EARLIER.	
20	4	DREA	DIRECT REMITTANCE AMOUNT	PACKED
			MONEY-FORMAT $$$$$$C	
			DESCRIPTION DEFINITION REFLECTS AMOUNT OF CASH REFUND OVERPAYMENT COLLECTION. PURPOSE USED BY AUTOMATED JOB STREAM THREE (AJS#3) AND ROAR TO NOTIFY THE PAYMENT HISTORY UPDATE SYSTEM (PHUS) THAT A CASH REFUND OF AN OVERPAYMENT HAS BEEN COLLECTED.	
			POSSIBLE-VALUES ZEROS - DEFAULT VALUE	
24	4	OPRA	OVERPAYMENT RECOVERY AMOUNT	PACKED
			MONEY-FORMAT	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			$$$$$$C	
			DESCRIPTION DEFINITION REFLECTS THE AMOUNT RECOVERED FROM THE DEBTOR BENEFICIARY USED TO OFFSET AN UNDERPAYMENT; OR A PARTIAL, ONE-TIME BENEFIT DEDUCTION TO COLLECT THE OVERPAYMENT. PURPOSE USED TO SHOW THE LAST MONTH'S COLLECTION FOR A DEFERRAL OR MONTHLY RECOVERY AMOUNT (MRA) FOR OTHER THAN CROSS-BENEFIT COLLECTIONS.	
28	1	CPMAD	CHECK PRORATION MADCAP	CHARACTER
			DESCRIPTION PURPOSE USED TO CLARIFY TAXABLE BENEFITS WHEN MANUAL ADJUSTMENTS, CREDITS AND AWARDS PROCESS (MADCAP) OVERLAYS IMMEDIATE PAYMENT CRITICAL CASE (IMPACC) PAYMENTS.	
			POSSIBLE-VALUES BLANK - DEFAULT VALUE A, B, OR W - DREA CONTAINS A LS DEATH PAYMENT AMOUNT C, D, OR E - DREA CONTAINS CONSERVED FUNDS AMOUNT I - A NON-TAXABLE AMOUNT OTHER THAN A LUMP SUM WAS PAID THROUGH CPS (CRITICAL PAYMENT SYSTEM) 1 - DREA OR OPRA CONTAINS A T16 OVERPAYMENT RECOVERY AMOUNT 2 - DREA OR OPRA CONTAINS A BLACK LUNG OVERPAYMENT RECOVERY AMOUNT 3 - DREA OR OPRA CONTAINS A HOSPITAL INSURANCE OVERPAYMENT RECOVERY AMOUNT 4 - DREA OR OPRA CONTAINS A PAST DUE PREMIUM OVERPAYMENT RECOVERY AMOUNT 5 - DREA CONTAINS A DIRECT REMITTANCE AMOUNT BLANK - DREA CONTAINS A DIRECT REMITTANCE AMOUNT	
29	4	PYP4	FOURTH PRIOR YEAR PRORATION	PACKED
			MONEY-FORMAT $$$$$C	
			DESCRIPTION DEFINITION REFLECTS THE PART OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO THE FOURTH YEAR BEFORE THE CURRENT TAXABLE YEAR.	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
33	4	PYPOT	ALL OTHER TAXABLE YEAR PRORATION	PACKED

MONEY-FORMAT
$$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE PART OF A RETROACTIVE PAYMENT ATTRIBUTABLE TO THE CURRENT YEAR MINUS 5 BACK THROUGH TO 12/83.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	7	LPDD	LEGAL PAYMENT DEDUCTION DATA	GROUP

DESCRIPTION
DEFINITION
REFLECTS DATA ABOUT WITHHOLDING FROM BENEFITS TO SATISFY CERTAIN FINANCIAL OBLIGATIONS OF THE BENEFICIARY.
LPDD IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD.
PURPOSE
USED WHENEVER A PROGRAM WITHHOLDS BENEFITS FOR LEGAL FEES OR REFUNDS AN EXCESS.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	4	LPDA	LEGAL PAYMENT DEDUCTION AMOUNT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
DEFINITION
REFLECTS THE AMOUNT OF MONIES DEDUCTED FROM BENEFITS FOR A LEGAL OBLIGATION.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
4	3	LPWD	LEGAL PAYMENT WITHHELD DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF LEGAL PAYMENT WITHHELD DATE
DEFINITION
REFLECTS THE DATE LEGAL PAYMENTS WERE WITHHELD.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	22	CSD	CIVIL SERVICE DATA	GROUP

DESCRIPTION
CSD IS A COMPLETE REPLACEMENT FIELD

0	1	CSPRFX	CIVIL SERVICE CLAIM NUMBER PREFIX	CHARACTER

DESCRIPTION
DEFINITION
FIRST POSITION OF THE CIVIL SERVICE RETIREMENT IDENTIFICATION NUMBER.

POSSIBLE-VALUES
A - ANNUITANT
F - SURVIVOR

1	7	CSCAN	CIVIL SERVICE CLAIM NUMBER	CHARACTER

DESCRIPTION
DEFINITION
POSITIONS 2 THRU 8 OF THE CIVIL SERVICE RETIREMENT IDENTIFICATION NUMBER

8	1	CSWEP	CIVIL SERVICE WINDFALL ELIMINATION PROVISION INDICATOR	CHARACTER

DESCRIPTION
PROVIDES DOCUMENTATION OF THE APPLICABILITY OF THE WINDFALL ELIMINATION PROVISION (WEP) AND PREVENT UNNECESSARY ALERTS TO THE PCS.

POSSIBLE-VALUES
A - 30 OR MORE YOCS
B - DOE BEFORE 1/86
C - MANDATORY COVERAGE PROVISION (FEDERAL OFFICIAL)
RS 01902.021B1
D - NONPROFIT ORGANIZATION
E - PENSION UNDER RRA
F - ALL SERVICE BEFORE 1956
G - MILITARY RESERVIST
H - ADMINISTRATIVE FINNALITY
I - OTHER
J - SPECIAL MINIMUM PIA
K - SUBSEQUENT DIB GUARANTEE PIA
BLANK - DEFAULT VALUE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
9	1	CSFI	CIVIL SERVICE FERS INDICATOR	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS WHETHER AN INDIVIDUAL IS RECEIVING A FERS ANNUITY.

POSSIBLE-VALUES
D - DISABILITY

10	1	CSGPO	CIVIL SERVICE GOVERNMENT PENSION OFFSET	CHARACTER

POSSIBLE-VALUES
N - NO GP OFFSET APPLIES

11	1	CSPDB	CIVIL SERVICE PUBLIC DISABILITY BENEFIT	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS WHETHER OPM PDB IS OFFSETABLE OR EXCLUDED
FROM OFFSET.

POSSIBLE-VALUES
1 - PDB SUBJECT TO OFFSET
2 - PDB EXCLUDED FROM OFFSET

12	3	CSACD	CIVIL SERVICE PENSION ANNUITY COMM. DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF CIVIL SERVICE PENSION ANNUITY
COMM. DATE

15	4	CSFADA	CIVIL SERVICE FERS ASSUMED DISABILITY AMOUNT	PACKED

MONEY-FORMAT
$$$$CC

DESCRIPTION
DEFINITION
REPRESENTS THE TITLE II ASSUMED DISABILITY AMOUNT USED
FOR COMPUTATION OF OFFSET TO FERS DISABILITY BENEFIT.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
19	3	CSWEPEND-REL	CIVIL SERVICE WINDFALL ELIMINATION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF THE CIVIL SERVICE WINDFALL ELIMINATION END DATE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	11	WCD	WORK CONTROL DATA DESCRIPTION: WCD IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD.	GROUP
0	3	WRDD1	WORK RESUMPTION DIARY DATE 1 DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION DEFINITION REFLECTS THE DATE THE BENEFICIARY PLANS TO START OR RETURN TO WORK (FIRST FUTURE WORK DIARY OCCURRENCE)	PACKED
3	3	WCDD1	WORK CESSATION DIARY DATE 1 DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REFLECTS THE DATE THE BENEFICIARY PLANS TO STOP WORKING	PACKED
6	3	WRDD2	WORK RESUMPTION DIARY DATE 2 DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REFLECTS THE DATE THE BENEFICIARY PLANS TO START OR RETURN TO WORK (SECOND FUTURE WORK DIARY OCCURRENCE)	PACKED
9	2	MYMI	MID-YEAR MAILER INDICATOR DATE-FORMAT PACKED,YEARS REL-1800 DESCRIPTION THE LAST TWO (2) POSITIONS OF THE YEAR OF THE MID-YEAR MAILER INDICATOR DEFINITION THIS INDICATOR REFLECTS THAT A MIDYEAR-MAILER WAS SENT TO THE BENEFICIARY FOR THE YEAR INDICATED	PACKED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	8	DEMD	DEMONSTRATION PROJECT DATA DESCRIPTION: DEMD IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD. (IMPLEMENTED 10/90.)	GROUP
0	2	DPI	DEMONSTRATION PROJECT INDICATOR DESCRIPTION DEFINITION CODE FOR TYPE OF DEMONSTRATION PROJECT POSSIBLE-VALUES D1 - DISABILITY (DI) ONLY, WORK ISSUES (INCLUDING TWP) D2 - DI/SUPPLEMENTAL SECURITY INCOME (SSI), WORK ISSUES (INCLUDING TWP) D3 - DI ONLY, EXTENDED PERIOD ELIGIBILITY (EPE) EXTENSION D4 - DI/SSI/MEDICARE (ANY COMBINATION), EPE EXTENSION D5 - DI ONLY, MEDICAL IMPROVEMENT ISSUES D6 - DI/SSI, MEDICAL IMPROVEMENT ISSUES D7 - FORD BILL, SIGHT IMPAIRED D8 - FORD BILL, OTHER THAN SIGHT IMPAIRED M1 - MEDICARE, ANY REASON C1 - CASE MANAGEMENT (FOR FUTURE USE ONLY)	CHARACTER
2	3	DST	DEMONSTRATION PROJECT START DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REPRESENTS MONTH AND YEAR DEMONSTRATION PROJECT BEGAN.	PACKED
5	3	DSP	DEMONSTRATION PROJECT STOP DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REPRESENTS MONTH AND YEAR DEMONSTRATION PROJECT ENDED.	PACKED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	DTM	DATE OF MEDICARE TERMINATION DATA	GROUP
0	3	DMTN	DATE OF MEDICARE TERMINATION NOTICE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	4	QRD	QUESTIONABLE RETIREMENT DATA DESCRIPTION: QRD IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD.	GROUP
0	1	QRI	QUESTIONABLE RETIREMENT INDICATOR DESCRIPTION REPRESENTS REASON FOR QUESTIONABLE RETIREMENT POSSIBLE-VALUES 1 - BENEFICIARY FAILED TO PROVIDE SUFFICIENT EVIDENCE 2 - INDIVIDUAL ALLEGING RETIREMENT HAS NOT RETIRED 3 - REAL EARNINGS HIGHER THAN ALLEGED EARNINGS	CHARACTER
1	3	QRED	QUESTIONABLE RETIREMENT END DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REFLECTS THE MONTH AND YEAR THAT QUESTIONABLE RETIREMENT ENDS	PACKED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	TDD1	TEMPORARY DEDUCTION DATA #1	GROUP
			DESCRIPTION FOR FUTURE USE THE PORTION OF A DEFERMENT AMOUNT THAT REPRESENTS THE TEMPORARY WORK DEDUCTION FOR FIRST YEAR.	
0	2	TDY1	TEMPORARY DEDUCTION YEAR 1	PACKED
			DATE-FORMAT PACKED,YEARS REL-1800	
			DESCRIPTION REPRESENTS THE FIRST YEAR (YY) OF TEMPORARY WORK DEDUCTION	
2	5	TDA1	TEMPORARY DEDUCTION AMOUNT #1	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION REPRESENTS THE AMOUNT OF THE FIRST TEMPORARY WORK DEDUCTION BEING WITHHELD	
7	3	TDB1	TEMPORARY DEDUCTION BEGIN DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF TEMPORARY DEDUCTION BEGIN DATE	
10	3	TDE1	TEMPORARY DEDUCTION END DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF TEMPORARY DEDUCTION END DATE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	TDD2	TEMPORARY DEDUCTION DATA #2	GROUP
			DESCRIPTION FOR FUTURE USE THE PORTION OF A DEFERMENT AMOUNT THAT REPRESENTS THE TEMPORARY WORK DEDUCTION FOR THE SECOND YEAR.	
0	2	TDY2	TEMPORARY DEDUCTION YEAR 2	PACKED
			DATE-FORMAT PACKED,YEARS REL-1800	
			DESCRIPTION REPRESENTS THE SECOND YEAR (YY) OF TEMPORARY WORK DEDUCTION	
2	5	TDA2	TEMPORARY DEDUCTION AMOUNT #2	PACKED
			MONEY-FORMAT $$$$$$$CC	
			DESCRIPTION REPRESENTS THE AMOUNT OF THE SECOND YEAR TEMPORARY WORK DEDUCTION BEING WITHHELD	
7	3	TDB2	TEMPORARY DEDUCTION BEGIN DATE #2	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF TEMPORARY DEDUCTION BEGIN DATE #2	
10	3	TDE2	TEMPORARY DEDUCTION END DATE #2	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF TEMPORARY DEDUCTION END DATE #2	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	MDD	MISCELLANEOUS DEDUCTION DATA	GROUP

DESCRIPTION
FOR FUTURE USE
THE PORTION OF A DEFERMENT AMOUNT THAT PRESENTS A MISCELLANEOUS DEDUCTION.

0	5	MDAMT	MISCELLANEOUS DEDUCTION AMOUNT	PACKED

MONEY-FORMAT
$$$$$$$CC

DESCRIPTION
REPRESENTS THE AMOUNT OF THE MISCELLANEOUS DEDUCTION AMOUNT

5	1	MDRCD	MISCELLANEOUS DEDUCTION REASON CODE	CHARACTER

DESCRIPTION
THE REASON CODE FOR THE MISCELLANEOUS DEDUCTION.

POSSIBLE-VALUES
D - DEATH NO RECLAMATION
F - FORGERY
L - LEVIES
M - MARITIME TAXES
O - OTHER EXCLUDING O/P
R - RRB DEATH

6	3	MDBD	MISCELLANEOUS DEDUCTION BEGIN DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MYY) OF MISCELLANEOUS DEDUCTION BEGIN DATE

9	3	MDED	MISCELLANEOUS DEDUCTION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MYY) OF MISCELLANEOUS DEDUCTION END DATE

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	50	DIB	DISABILITY DATA	GROUP

DESCRIPTION
OPERATIONAL CONSIDERATIONS
THE NUMBER OF OCCURRENCES OF DISABILITY DATA (DIB) IS DETERMINED BY NUMBER OF DISABILITY DATA FIELDS (NDIB).

A MININUM OF ZERO (0) AND A MAXIMUM OF TWELVE (12) OCCURRENCES. DIB FIELDS ARE SEQUENCED BY DDO. OBJECT PROGRAMS MUST SEQUENCE THE DIB FIELDS ON THE PUT.

AN MBR CAN CONTAIN MULTIPLE DIB FIELDS WITH SAME/EQUAL DDO.

DIB IS UPDATED AS A COMPLETE REPLACEMENT FIELD.

DIB IS DELETED WHEN THE UPDATE RECORD (PUT) HAS ONE OCCURRENCE OF DIB THAT IS ASTERISK-FILLED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	DOED	DATE OF ENTITLEMENT TO DISABILITY	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF DATE OF ENTITLEMENT TO DISABILITY
DEFINITION
REFLECTS THE DATE THE BENEFICIARY BECAME ENTITLED OR DEEMED ENTITLED TO DISABILITY BENEFITS.
OPERATIONAL CONSIDERATIONS
THIS DOES NOT NECESSARILY MEAN THERE IS CURRENT DISABILITY INSURANCE BENEFIT (DIB) ENTITLEMENT.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	DDBC	DATE OF DISABILITY BENEFITS CESSATION	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF DATE OF DISABILITY BENEFITS CESSATION
DEFINITION
REFLECTS THE FIRST MONTH OF NON-ENTITLEMENT TO BENEFITS FOR REASON OF DISABILITY (SIMILAR TO DATE OF SUSPENSION OR TERMINATION (DOST)).

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	3	DSD	DISABILITY ADJUDICATION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF DISABILITY ADJUDICATION DATE
DEFINITION
REFLECTS THE MONTH AND YEAR THAT A DISABILITY AWARD OR DENIAL WAS POSTED TO THE MASTER BENEFICIARY RECORD (MBR) (ADJUDICATED).

THE DSD IS NOT PRESENT ON ALL RECORDS. MCS AND MADCAP DO NOT GENERATE THE DSD ON ALL RECORDS.

9	3	HDD	HEARING DECISION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF HEARING DECISION DATE
DEFINITION
REFLECTS THE DATE THE HEARING DECISION WAS RENDERED.

12	3	SDS	SGA DISABILITY PAYMENT SUSPENSION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF SGA DISABILITY PAYMENT SUSPENSION DATE
DEFINITION
REFLECTS THE FUTURE MONTH/YEAR THAT BENEFITS SHOULD BE SUSPENDED BECAUSE OF SUBSTANTIAL GAINFUL ACTIVITY AFTER THE INITIAL 3 MONTHS OF THE EXTENDED PERIOD OF ENTITLEMENT.

15	3	ADC	APPLICANT DISABILITY CESSATION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF APPLICANT DISABILITY CESSATION DATE
DEFINITION

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			REFLECTS THE DATE THE APPLICANT'S DISABILITY CEASED. (NOT WHEN BENEFITS CEASED.)	
18	3	APS	APPEALS DECISION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF APPEALS DECISION DATE DEFINITION REFLECTS THE DATE THE APPEALS DECISION WAS RENDERED IN A TITLE II CESSATION. OR, THE DATE OF FILING FOR BENEFIT CONTINUATION DURING THE APPEAL OF A TITLE II MEDICAL CESSATION.	
21	3	DDO	DATE OF DISABILITY ONSET	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF DATE OF DISABILITY ONSET. DIB FIELDS ARE SEQUENCED BY DDO. AN MBR CAN HAVE MULTIPLE DIB FIELDS WITH THE SAME DDO.	
24	2	YOSS	YEAR OF SAMPLE SELECTION	PACKED
			DATE-FORMAT PACKED,YEARS REL-1800. ACTIVATION PENDING. DESCRIPTION THE TWO (2) POSITION YEAR OF SAMPLE SELECTION	
26	1	DAC	DISABILITY AWARD CODE	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS TYPE OF DISABILITY AWARD. POSSIBLE-VALUES BLANK - DEFAULT VALUE A - HEALTH INSURANCE/SUPPLEMENTAL MEDICAL INSURANCE (HI/SMI) ENTITLEMENT BASED UPON DISABILITY ON ANOTHER CLAIM NUMBER	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			C - RETIREMENT INSURANCE BENEFIT/DISABILITY INSURANCE BENEFIT (RIB/DIB) ENTITLEMENT F - FAVORABLE DECISION FOR DIB REENTITLEMENT (IMPLEMENTED 2/01 AS INTERIM MEASURE FOR THE EBO RELEASE IN 2/01 UNTIL THE MBR REWRITE LATER IN 2001) K - INVALID CODE ENTERED L - 1972 BLIND PROVISION N - BLIND, 1967 DEFINITION P - BLIND PRIOR TO AGE 31, 1967 DEFINITION R - INSURED UNDER SPECIAL INSURED STATUS PROVISION FOR YOUNG DISABLED S - BLIND, ORIGINAL DEFINITION T - BLIND, PRIOR TO AGE 31, ORIGINAL DEFINITION U - SHORT-TERM DISABILITY X - NO WAITING PERIOD * - DELETE THE FIRST DISABLED ADULT CHILD (DAC) FIELD ONLY, TOGETHER WITH PROPER DATE OF DISABILITY ONSET MONTH YEAR (DDOMY) AND DATE OF DISABILITY ONSET DAY (DDOD) (PUT ONLY)	
27	1	LOD	LEVEL OF DENIAL CODE DESCRIPTION: LOD MAY BE PRESENT ON AN ACTIVE DIB FIELD IF THERE WAS A PREVIOUS DENIAL. POSSIBLE-VALUES 1 - INITIAL 2 - RECONSIDERATION 3 - HEARING 4 - APPEAL 5 - COURT ACTION SPACES - DEFAULT VALUE FOR DATA PURIFICATION	CHARACTER
28	2	BDC	BASIS FOR DENIAL CODE DESCRIPTION REFLECTS THE DENIAL CODE, IF APPLICABLE. BDC IS A DERIVATIVE OF THE DENIAL CODES IN THE RDD (DENY DATA) AND USUALLY CONTAINS THE LAST 2 POSITIONS OF THE RDD. BDC MAY BE PRESENT ON AN ACTIVE DIB FIELD IF THERE WAS A PREVIOUS DENIAL.	CHARACTER
30	1	PICE	PARENT IN-CARE ENTITLEMENT NOT ACTIVATED POSSIBLE-VALUES BLANK - MOTHER/FATHER NOT INVOLVED OR IN CARE NOT ALLEGED	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			N - DETERMINATION OF NO CHILD-IN-CARE P - CHILD-IN-CARE DETERMINATION PENDING Y - CHILD-IN-CARE DETERMINATION ESTABLISHED	
31	1	PAI	PAYEE ADDRESS INDICATOR NOT ACTIVATED POSSIBLE-VALUES 1 - NO CHANGE IN PAYEE OR ADDRESS AT CONVERSION 2 - DISABLED ADULT CHILD (DAC) WILL BECOME OWN PAYEE AT CONVERSION AT SAME ADDRESS 3 - DAC WILL BECOME OWN PAYEE AT CONVERSION AT NEW ADDRESS 4 - CHANGE OF PAYEE AND/OR ADDRESS APPLICABLE AT CONVERSION OF DAC	CHARACTER
32	1	CDR	CESSATION OF DISABILITY REASON POSSIBLE-VALUES E - TWP SGA CESSATION (EPE) F - FAILURE TO COOPERATE M - MEDICAL CESSATION N - DA&A TERMINATION (12 CONSECUTIVE MONTHS OF NONCOMPLIANCE AND TERMINATION EFFECTIVE 1/97 FOR P.L. 104-121) S - SUBSTANTIAL GAINFUL ACTIVITY (SGA) CESSATION - NO TRIAL WORK PERIOD (TWP) V - VOCATIONAL REHABILITATION W - WHEREABOUTS UNKNOWN	CHARACTER
33	1	CSA	CURRENT SUBSTANTIAL GAINFUL ACTIVITY DESCRIPTION DEFINITION REPRESENTS THE DISABLED BENEFICIARY'S CURRENT SUBSTANTIAL GAINFUL ACTIVITY (SGA) STATUS DURING THE EXTENDED PERIOD. NOT ACTIVATED POSSIBLE-VALUES N - BENEFICIARY NOT CURRENTLY WORKING OR NOT PERFORMING AT A SUBSTANTIAL GAINFUL ACTIVITY (SGA) LEVEL Y - BENEFICIARY CURRENTLY WORKING OR PERFORMING AT A SGA LEVEL	CHARACTER
34	1	PRY	PENDING APPEALS REVIEW DESCRIPTION DEFINITION	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			INDICATES LEVEL OF A PENDING APPEAL WITH OR WITHOUT PAYMENT CONTINUATION, OR REFLECTS FINAL DECISION ON A TITLE II CESSATION. POSSIBLE-VALUES A - RECON REQUEST WITH PAYMENT CONTINUATION INVOLVED B - ALJ HEARING REQUEST WITH PAYMENT CONTINUATION INVOLVED C - MEDICARE ONLY REQUESTS PRIOR TO 6/86 -- ALL LEVELS D - RECON REQUEST WITHOUT PAYMENT CONTINUATION E - ALJ HEARING REQUEST WITHOUT PAYMENT CONTINUATION F - MEDICARE ONLY RECON REQUEST G - MEDICARE ONLY ALJ HEARING REQUEST H - ALJ HEARING DECISION I - INITIAL DETERMINATION - NO APPEAL FILED R - RECON DECISION - NO HEARING REQUEST X - UNFAVORABLE DECISION REVERSED TO FAVORABLE DECISION	
35	3	EBD	EPE BEGIN DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REPRESENTS THE DATE THE EXTENDED PERIOD OF ELIGIBILITY BEGINS.	PACKED
38	3	EMD	EPE MEDICARE BEGIN DATE DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION REPRESENTS THE DATE THE EXTENDED PERIOD OF MEDICARE ELIGIBILITY BEGINS.	PACKED
41	1	DAA	DRUG ADDICTION/ALCOHOLISM CODE OF DISABILITY DESCRIPTION REFLECTS THE DA&A STATUS FOR THE BENEFICIARY POSSIBLE-VALUES A - ALCOHOL B - BOTH (ALCOHOLISM AND DRUG ADDICTION) D - DRUG ADDICTION N - NOT MATERIAL P - PENDING	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			W - NOT A DA&A CONDITION X - ALCOHOLISM INVOLVED - NOT MATERIAL TO DETERMINATION OF DISABILITY Y - DRUG ADDICTION INVOLVED - NOT MATERIAL TO DETERMINATION OF DISABILITY Z - BOTH ALCOHOLISM & DRUG ADDITION INVOLVED - NOT MATERIAL TO DETERMINATION OF DISABILITY BLANK - DEFAULT	
42	4	DIB-DIG	DIAGNOSIS CODE DESCRIPTION CODE FOR MENTAL OR PHYSICAL DISABILITY	NUMERIC
46	4	DIB-SDIG	SECONDARY DIAGNOSIS CODE DESCRIPTION SECONDARY CODE FOR MENTAL OR PHYSICAL DISABILITY	NUMERIC

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	ANND	ANNUITY DATA	GROUP
			DESCRIPTION DEFINITION REFLECTS INFORMATION REGARDING PENSION/ANNUITY PAID BY FEDERAL OR STATE GOVERNMENT. A MAXIMUM OF FOUR (4) OCCURRENCES IS POSSIBLE. THE NUMBER OF OCCURRENCES IS INDICATED BY NUMBER OF ANNUITY FIELDS (NANND). ANND IS A COMPLETE REPLACEMENT FIELD.	
0	2	ASCD	ANNUITY SOURCE CODE	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS THE FEDERAL OR STATE GOVERNMENT WHICH PAYS THE ANNUITY.	
2	3	AELD	ANNUITY ELIGIBILITY DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
5	4	APA	ANNUITY PENSION AMOUNT	PACKED
			MONEY-FORMAT $$$$CC	
9	3	AEFD	ANNUITY EFFECTIVE DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
12	2	AMOW	ANNUITY TOTAL MONTHS OF WORK	PACKED
14	2	AMNC	ANNUITY MONTHS OF NON-COVERAGE	PACKED
16	3	AEND-REL	ANNUITY END DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	42	PEND	PENALTY DATA	GROUP

DESCRIPTION
DEFINITION
THE NUMBER OF OCCURRENCES OF PENALTY DATA (PEND) IS
INDICATED BY NUMBER OF PENALTY DATA FIELDS (NPEND).

A MINIMUM OF ZERO (0) AND A MAXIMUM OF SIX (6) OCCURRENCES.

PEND IS A COMPLETE REPLACEMENT FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	YROP	YEAR OF PENALTY	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
THE TWO (2) POSITION YEAR OF PENALTY
DEFINITION
REPRESENTS THE YEAR FOR WHICH A DELINQUENT ANNUAL REPORT
WAS FILED AND A PENALTY CONSIDERATION MADE.

POSSIBLE-VALUES
A TWO POSITION YEAR, NOT EARLIER THAN 1984.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
2	2	EODP	END OF DEOINQUENCY PERIOD	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
THE TWO (2) POSITION YEAR OF END OF DELINQUENCY PERIOD
DEFINITION
REPRESENTS THE LAST YEAR IN THE DELINQUENT PERIOD
FOR THE ANNUAL REPORT CONSIDERED FOR PENALTY.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
4	3	PDM	PENALTY DETERMINATION MADE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REPRESENTS THE MONTH AND YEAR WHEN THE
PENALTY DETERMINATION WAS MADE.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES THE MONTH AND YEAR CANNOT BE EARLIER THAN 02/86	
7	4	PA	PENALTY AMOUNT	PACKED
			MONEY-FORMAT $$$$CC DESCRIPTION THE AMOUNT OF THE PENALTY	
11	1	RFPA	REASON FOR PENALTY ACTION	CHARACTER
			POSSIBLE-VALUES B BIT - 1 ALL THE TIME A BIT - 0 ALL THE TIME 8 BIT - 0 ALL THE TIME 4 BIT - 1 IF 7 DAYS WORK TEST PENALTY 2 BIT - 1 IF NO CHILD-IN-CARE PENALTY 1 BIT - 1 IF ANNUAL EARNINGS TEST PENALTY	
12	2	NOPC	NUMBER OF PENALTY CONSIDERATIONS	NUMERIC
			DESCRIPTION DEFINITION REPRESENTS THE NUMBER OF PENALTY CONSIDERATIONS FOR THE REASON FOR PENALTY ACTION (RFPA) POSSIBLE-VALUES 01 THRU 99 - NUMBER OF PENALTY CONSIDERATIONS	
14	1	LRI	LATE REPORT INDICATOR	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS THE CODES FOR PENALTY DETERMINATION GOOD CAUSE DEVELOPMENT, OR GOOD CAUSE ESTABLISHMENT. POSSIBLE-VALUES P - PENALTY APPLIES L - LATE REPORT, PRELIMINARY PENALTY DETERMINATION MADE, AND GOOD CAUSE OFFERED. R - PENALTY APPLIES AND THE BENEFICIARY HAS REFUNDED THE PENALTY AMOUNT 1 - GOOD CAUSE ESTABLISHED: SERIOUS ILLNESS 2 - GOOD CAUSE ESTABLISHED: INABILITY TO OBTAIN NECESSARY	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			EARNINGS RECORDS 3 - GOOD CAUSE ESTABLISHED: TIMELY REPORT MADE IN GOOD FAITH TO ANOTHER AGENCY 4 - GOOD CAUSE ESTABLISHED: DELAY IN FURNISHING REPORT FORMS REQUESTED BY BENEFICIARY 5 - GOOD CAUSE ESTABLISHED: EXTENSION OF TIME GRANTED BY INTERNAL REVENUE SERVICE 6 - GOOD CAUSE ESTABLISHED: NO REPORT FOR YEAR IN WHICH APPLICATION FILED 7 - GOOD CAUSE ESTABLISHED: NO REPORT FOR YEAR BENEFITS TERMINATED OR BENEFICIARY ATTAINED AGE 70 8 - GOOD CAUSE ESTABLISHED: REPRESENTATIVE PAYEE CASE, BENEFICIARY CLAIMS IGNORANCE OF THE REQUIREMENT 9 - OTHER (ANY 'GOOD CAUSE' SITUATION NOT LISTED ABOVE)	
15	3	PDC	PENALTY DIARY FOR COLLECTION	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REPRESENTS THE DIARY DATE ,MONTH AND YEAR, FOR THE SCHEDULED PENALTY WITHHOLDING.	
			POSSIBLE-VALUES THE YEAR CANNOT BE EARLIER THAN 1986.	
18	4	PRR	PENALTY RECOVERY RATE	PACKED
			MONEY-FORMAT $$$$CC	
			DESCRIPTION DEFINITION REPRESENTS THE AMOUNT USED TO RECOVER THE PENALTY.	
22	3	PCSD	PENALTY COLLECTION START DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REPRESENTS THE STARTING DATE, MONTH AND YEAR, OF THE PENALTY AMOUNT COLLECTION.	
			POSSIBLE-VALUES	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			THE YEAR MUST BE 1986 OR LATER.	
25	3	PCED	PENALTY COLLECTION END DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REPRESENTS THE ENDING DATE, MONTH AND YEAR, OF THE PENALTY AMOUNT COLLECTION.	
			POSSIBLE-VALUES THE YEAR MUST BE 1986 OR LATER.	
28	4	RPA	REMAINING PENALTY AMOUNT	PACKED
			MONEY-FORMAT $$$$CC	
			DESCRIPTION REPRESENTS THE REMAINING AMOUNT OF THE PENALTY TO BE COLLECTED, WHEN THE INITIAL RECOVERY ACTION HAS BEEN INTERRUPTED.	
32	4	RPRR	REMAINING PENALTY RECOVERY RATE	PACKED
			MONEY-FORMAT $$$$CC	
			DESCRIPTION DEFINITION REPRESENTS THE AMOUNT USED TO RECOVER THE REMAINING PENALTY AMOUNT.	
36	3	RPCSD	REMAINING PENALTY COLLECTION START DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION REPRESENTS THE STARTING DATE, MONTH AND YEAR, OF THE REMAINING PENALTY AMOUNT COLLECTION.	
			POSSIBLE-VALUES THE YEAR MUST BE 1986 OR LATER.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
39	3	RPCED	REMAINING PENALTY COLLECTION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
REPRESENTS THE ENDING DATE, MONTH AND YEAR,
OF THE REMAINING PENALTY AMOUNT COLLECTION.

POSSIBLE-VALUES
THE YEAR MUST BE 1986 OR LATER.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	XRD	CROSS REFERENCE DATA	GROUP

DESCRIPTION
DEFINITION
THE NUMBER OF OCCURRENCES OF CROSS REFERENCE DATA (XRD)
IS DETERMINED BY NUMBER OF CROSS REFERENCE DATA FIELDS
(NXRD).
A MINIMUM OF ZERO (0) AND A MAXIMUM OF NINE (9) OCCURRENCES.
FOR OBJECT PROGRAMS OTHER THAN T2 (SSC=T),
XRD IS UPDATED BY DUMAS USING A SET OF VERY SPECIFIC
UPDATE RULES.
FOR T2 (SSC=T), DUMAS UPDATES XRD AS A COMPLETE
REPLACEMENT GROUP FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	XRTC	CROSS-REFERENCE TYPE CODE	CHARACTER

DESCRIPTION
X-REFERENCE
XREF-DATA

BASIC-EDIT-CRITERIA
ON THE PUT RECORD:
XRTC MUST BE PRESENT.

POSSIBLE-VALUES
ON THE PUT RECORD:
* - DELETE THE ENTIRE VARIABLE CROSS-REFERENCE DATA (XRD)
FIELD WHICH CONTAINS THE CORRESPONDING CROSS-REFERENCE
CLAIM NUMBER (XRCN) ON THE MASTER BENEFICIARY RECORD
(MBR)

ON ALL RECORDS:
A - MAFDUP SELECTION PRECLUDED (POSSIBLE DUPLICATE SOCIAL
SECURITY NUMBER (SSN) HAS ALREADY BEEN INVESTIGATED)
C - CIVIL SERVICE NUMBER
D - DUAL WAGE RECORD NUMBER
E - SIMULTANEOUS ENTITLEMENT NUMBER
F - MULTIPLE SSN FROM CLAIMS AUTOMATED PROCESSING SYSTEM
(CAPS)
G - MULTIPLE SSN FROM AUTOMATIC REAPPRAISAL MILITARY
SERVICE AND MULTIPLE ACCOUNT NUMBERS (ARMSMULT)
H - MULTIPLE SSN FROM PROGRAM SERVICE CENTER (PSC) OR
CENTRAL OFFICE CORRECTION
I - OCCURRENCE CONTAINS KEY TO DATA ON ICDB
L - BLACK LUNG BENEFITS NUMBER
M - MULTIPLE SSN
O - POTENTIAL OR ACTUAL ENTITLEMENT NUMBER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			Q - QUAYLE LEGISLATION FOR VETERAN'S ADMINISTRATION (MAMPC CONTROLS/ANNOTATES THIS INFORMATION FOR THE ENTIRE NATION). S - NUMBER FOR PRIOR/POTENTIAL ENTITLEMENT AS A SPOUSE U - SSN UPON WHICH RENAL ENTITLEMENT IS BASED V - SECOND VALIDATED BENEFICIARY'S OWN SOCIAL SECURITY NUMBER/BENEFICIARY'S OWN ACCOUNT NUMBER (BOSSN/BOAN)	
1	11	XRAN-XBIC	CROSS REFERENCE ACCOUNT NUMBER AND BIC	GROUP
			DESCRIPTION DEFINITION REFLECTS THE CROSS REFERENCE DATA	
1	9	XRAN	CROSS REFERENCE ACCOUNT NUMBER	CHARACTER
			BASIC-EDIT-CRITERIA ON THE PUT RECORD: XRAN MUST ALWAYS BE PRESENT AND SHOULD CONTAIN A 9-POSITION NUMERIC UNLESS THE XRTL=C. IF THE XRTL=C, THE XRAN CAN CONTAIN ALPHA/NUMERIC VALUES.	
10	2	XBIC	CROSS-REFERENCE BENEFICIARY IDENTIFICATION CODE	CHARACTER
			DESCRIPTION X-REFERENCE XREF-DATA	
			POSSIBLE-VALUES CODES - SEE BENEFICIARY IDENTIFICATION CODE (BIC) FOR POSSIBLE-VALUES	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	30	ARD	ANNUAL REPORT DATA	GROUP

DESCRIPTION
DEFINITION
ANNUAL REPORT DATA IS USED IN CONJUNCTION WITH
WORK CONTROL DATA FOR DETERMINING THE EFFECT
A BENEFICIARY'S EARNINGS HAS ON THE AMOUNT OF
BENEFITS.
THE NUMBER OF OCCURRENCES IS CARRIED AS 'NARD'
(NUMBER OF ANNUAL REPORT DATA FIELDS). THE MAXIMUM
NUMBER OF OCCURRENCES IS 12. THE MAXIMUM
ARD IS A COMPLETE REPLACEMENT FIELD.
PHUS CAPTURES HISTORICAL ANNUAL REPORT DATA.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	YOER	YEAR OF EARNINGS REPORT	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
YEAR OF EARNINGS REPORT (YY)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
2	3	ARCD	ANNUAL REPORT CHANGE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF ANNUAL REPORT CHANGE DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
5	3	ARD-FY-START-REL	FISCAL YEAR BEGIN DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FISCAL YEAR BEGIN DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
8	1	ARD-PARTPAY	PARTIAL PAYMENT MONTH INVOLVED	CHARACTER

DESCRIPTION
MONTH OF PARTIAL PAYMENT INVOLVED

POSSIBLE-VALUES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			C - PARTIAL BENEFIT IS BASED ON ESTIMATE N - NO PARTIAL BENEFIT PAYABLE BLANK - NOT APPLICABLE	
9	5	AORE	AMOUNT OF REPORTED EARNINGS	PACKED
			MONEY-FORMAT $$$$$$$$$ DESCRIPTION DEFINITION THE EARNINGS AMOUNT AS REPORTED BY THE BENEFICIARY	
14	1	TOER	TYPE OF EARNINGS REPORT	CHARACTER
			DESCRIPTION DEFINITION REFLECTS WHETHER THE EARNINGS ARE BASED ON AN ANNUAL REPORT, AN AMENDED ANNUAL REPORT, AN ENFORCEMENT ANNUAL REPORT, A WORK NOTICE, A FUTURE YEAR ESTIMATE, OR A NON-RESPONDER FUTURE YEAR ESTIMATE. POSSIBLE-VALUES A - ANNUAL REPORT M - AMENDED ANNUAL REPORT E - ENFORCEMENT ANNUAL REPORT W - WORK NOTICE F - FUTURE YEAR ESTIMATE N - NON-RESPONDER FUTURE YEAR ESTIMATE	
15	1	TOW	TYPE OF WORK	CHARACTER
			DESCRIPTION DEFINITION THE TYPE OF REPORTED EARNINGS POSSIBLE-VALUES W - DOMESTIC WAGES S - DOMESTIC SELF EMPLOYMENT B - BOTH DOMESTIC WAGES AND SELF EMPLOYMENT F - FOREIGN WORK	
16	1	ARD-79OLD-METH	OLD METHOD INDICATOR	CHARACTER
			DESCRIPTION DEFINITION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			OLD METHOD INDICATOR	
			POSSIBLE-VALUES P - NO ELECTION, ANNUAL REPORT FOR 1979 PROCESSED UNDER OLD METHOD N - OLD METHOD NOT USED FOR 1979 ANNUAL REPORT BLANK - NOT APPLICABLE	
17	12	ARD-NON-WK-MTH	NON-WORK MONTHS	CHARACTER
			DESCRIPTION EACH OF THE TWELVE POSITIONS IN THE FIELD RESPRESENT A CALENDAR MONTH. A 'Y' IN ANY POSITION INDICATES THAT MONTH IS A NON-WORK MONTH. POSSIBLE-VALUES Y BLANK	
29	1	ARD-CONV	ANNUAL REPORT DATA DATA OCCURRENCE	CHARACTER
			DESCRIPTION DEFINITION ANNUAL REPORT DATA OCCURRENCE UPDATED BY MBR CONVERSION A WORK NOTICE, A FUTURE YEAR ESTIMATE, OR A NON-RESPONDER POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK = DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	51	DED	DUAL ENTITLEMENT FIELD	GROUP

DESCRIPTION
DEFINITION
THE NUMBER OF OCCURRENCES OF DUAL ENTITLEMENT DATA (DED) IS INDICATED BY NUMBER OF DUAL ENTITLEMENT DATA FIELDS (NDED).

A MINIMUM OF ZERO (0) AND A MAXIMUM OF TWO (2) OCCURRENCES.

DED IS A COMPLETE REPLACEMENT FIELD.

IN CASES WHERE TRIPLE ENTITLEMENT EXISTS (TOD=4), TWO DUAL ENTITLEMENT DATA ENTRIES WILL BE PRESENT. IN SUCH CASES, THE SUBFIELDS PRECEDED BY THE LETTERS 'OT' APPLY TO BENEFICIARY IDENTIFICATION CODES (BIC'S) AS FOLLOWS:

BIC	1ST OT SUBFIELDS	2ND OT SUBFIELDS
A	FOR B (AUXILIARY)	FOR D (SURVIVOR)
B	FOR A (PRIMARY)	FOR D (SURVIVOR)
D	FOR A (PRIMARY)	FOR B (AUXILIARY)

0	1	TOD	TYPE OF DUAL ENTITLEMENT	CHARACTER

DESCRIPTION
DEFINITION
REFLECTS TITLE II TYPE OF DUAL ENTITLEMENT ON MASTER BENEFICIARY RECORD (MBR).
FUNCTION
INSURES THAT ALL DUAL ENTITLEMENT NUMBERS ARE POSTED.
INTERNAL

POSSIBLE-VALUES
BLANK - NO DATA
1 - PRIMARY/AUXILIARY (OR SURVIVOR)
2 - SURVIVOR/AUXILIARY
3 - INSURED/PROUTY
4 - TRIPLE ENTITLEMENT

1	9	OTAN	OTHER ACCOUNT NUMBER	NUMERIC
10	2	OTBIC	OTHER BENEFICIARY IDENTIFICATION CODE	CHARACTER

DESCRIPTION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DEFINITION REPRESENTS THE TYPE OF BENEFICIARY ON THE OTHER ACCOUNT. POSSIBLE-VALUES CODES - SEE PAYMENT IDENTIFICATION CODE (PIC) FOR POSSIBLE-VALUES, EXCEPT CODES &0 AND G	
12	3	OTDOE	OTHER DATE OF ENTITLEMENT DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION MONTH AND YEAR (MMYY) OF OTHER DATE OF ENTITLEMENT	PACKED
15	5	OTPIA	OTHER PRIMARY INSURANCE AMOUNT MONEY-FORMAT $$$$C DESCRIPTION DEFINITION REFLECTS THE CONTROLLING PRIMARY INSURANCE AMOUNT (PIA) FOR PAYMENT ON THE OTHER CLAIM, WHETHER AVERAGE MONTHLY WAGE OR SPECIAL MINIMUM.	NUMERIC
20	5	LFMBA	LARGER FULL MONTHLY BENEFIT AMOUNT MONEY-FORMAT $$$$C DESCRIPTION DEFINITION REFLECTS THE LARGER FULL MONTHLY BENEFIT AMOUNT (LFMBA) REDUCED FOR FAMILY MAXIMUM. IN THE CASE OF TRIPLE ENTITLEMENT, LFMBA IN THE FIRST DUAL ENTITLEMENT FIELD IS FOR THE AUXILIARY (B) CLAIM, AND LFMBA IN THE SECOND DUAL ENTITLEMENT FIELD IS FOR THE SURVIVOR (D) CLAIM.	NUMERIC
25	5	OTRIA	OTHER RETIREMENT INSURANCE AMOUNT MONEY-FORMAT $$$$C DESCRIPTION	NUMERIC

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			PROCESSING INFORMATION OTRIA WILL APPEAR ONLY IF THE CONTROLLING PRIMARY INSURANCE AMOUNT (PIA) REFLECTS THE AVERAGE MONTHLY WAGE PIA FOR THE OTHER CLAIM.	
30	5	LEMBA	LARGER EXCESS MONTHLY BENEFIT AMOUNT	NUMERIC
			MONEY-FORMAT $$$$C	
			DESCRIPTION DEFINITION REFLECTS THE EXCESS AMOUNT PAYABLE ON THE LARGER EXCESS MONTHLY BENEFIT AMOUNT (LEMBA). OPERATIONAL CONSIDERATIONS IN THE CASE OF TRIPLE ENTITLEMENT, LEMBA IN THE FIRST DUAL ENTITLEMENT FIELD IS FOR THE AUXILARY (B) CLAIM, AND LEMBA IN THE SECOND DUAL ENTITLEMENT FIELD IS FOR THE SURVIVOR (D) CLAIM.	
35	5	SFMBA	SMALLER FULL MONTHLY BENEFIT AMOUNT	NUMERIC
			MONEY-FORMAT $$$$C	
			DESCRIPTION DEFINITION THIS FIELD CONTAINS THE SMALLER FULL MONTHLY BENEFIT AMOUNT (SFMBA) REDUCED FOR FAMILY MAXIMUM . IN THE CASE OF TRIPLE ENTITLEMENT, SFMBA IN THE FIRST DUAL ENTITLEMENT FIELD IS FOR THE PRIMARY (A) CLAIM, AND SFMBA IN THE SECOND DUAL ENTITLEMENT FIELD IS BLANK.	
40	5	SAMBA	SMALLER ACTUARIALLY REDUCED MONTHLY BENEFIT AMOUNT	NUMERIC
			MONEY-FORMAT $$$$C	
			DESCRIPTION DEFINITION REFLECTS THE SMALLER MONTHLY BENEFIT AMOUNT REDUCED FOR MAXIMUM AND AGE (SAMBA). IN THE CASE OF TRIPLE ENTITLEMENT, SAMBA IN THE FIRST DUAL ENTITLEMENT FIELD IS FOR THE PRIMARY (A) CLAIM, AND SAMBA IN THE SECOND DUAL ENTITLEMENT FIELD IS BLANK.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
45	1	DESC	DUAL ENTITLEMENT STATUS CODE	CHARACTER

DESCRIPTION
PURPOSE
USED FOR TITLE II.
PROCESSING INFORMATION
FOR TRIPLE ENTITLEMENT CASES (TOD = 4), DUAL ENTITLEMENT STATUS CODE (DESC) IS BASED ON THE PRIMARY (A) AND AUXILIARY (B) CLAIMS. IT IS ASSUMED THAT THE SURVIVOR (D) BENEFIT IS IN THE PAYMENT STATUS AS THE PRIMARY PAYMENT STATUS.

POSSIBLE-VALUES
BLANK - DEFAULT VALUE
0 - NEITHER BENEFIT IN CURRENT PAYMENT STATUS
1 - SMALLER BENEFIT ONLY IN CURRENT PAYMENT STATUS
2 - LARGER BENEFIT ONLY IN CURRENT PAYMENT STATUS
3 - BOTH BENEFITS ELIGIBLE FOR CURRENT PAYMENT STATUS (CHECKS MAY BE COMBINED OR SEPARATE)
4 - PRIMARY IS WORKING ON RECORD ON WHICH AUXILIARY ENTITLEMENT EXISTS
5 - LARGER BENEFIT IS SUBJECT TO FULL GP/WC OFFSET

S - DUAL ENTITLEMENT SUSPENDED, TECHNICAL ENTITLEMENT EXISTS
T - DUAL ENTITLEMENT TERMINATED

46	1	OTOC	OTHER OFFICE CODE	NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE OTHER OFFICE (PSC) CODE IN MULTIPLE ENTITLEMENT ACCOUNTS.

POSSIBLE-VALUES
1 -> 8 - PC THAT HAS JURISDICTION
A -> H - PC THAT HAS JURISDICTION WHEN WAGE EARNER IS DISABLED

47	1	OTPIFC	OTHER PRIMARY INSURANCE AMOUNT FACTOR CODE	CHARACTER

DESCRIPTION
DEFINITION
EQUALS PRIMARY INSURANCE FACTOR CODE (PIFC) VALUES IN OTHER ACCOUNT.

POSSIBLE-VALUES
SEE 'PIFC' FOR POSSIBLE VALUES.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
48	1	OTPIFC2	OTHER PRIMARY INSURANCE FACTOR CODE TWO	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS PRIMARY INSURANCE FACTOR CODE 2 (PIFC2)
IN OTHER ACCOUNT.
FOR FUTURE USE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
49	2	OTELY	OTHER ELIGIBILITY YEAR	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
YEAR (YY) OF OTHER ELIGIBILITY YEAR

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	ATWH	ALIEN TAX WITHHOLDING HISTORY	GROUP

DESCRIPTION
DEFINITION
REFLECTS DATA NEEDED TO AUTOMATE THE WITHHOLDING OF THE NONRESIDENT ALIEN TAX.
THE NUMBER OF OCCURRENCES OF ALIEN TAX WITHHOLDING HISTORY (ATWH) IS INDICATED BY NUMBER OF ALIEN TAX WITHHOLDING HISTORY (NATWH).
MINIMUM 0 -- MAXIMUM 40 OCCURRENCES
ATWH WILL BE MAINTAINED HISTORICALLY.
ATWH IS A COMPLETE REPLACEMENT FIELD.

DISPLAY-INFORMATION
DISPLAY ALL ELEMENTS IN ALL OCCURRENCES FOR THE FACT (MBR FULL ACCOUNT QUERY). DISPLAY ASD, ASTD, AWSC AND AMWA IN THE LAST TWO OCCURRENCES FOR THE AACT (MBR ABBREVIATED ACCOUNT QUERY) AND THE MINI MBR QUERY.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	ASD	ALIEN START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF ALIEN START DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	ASTD	ALIEN STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF ALIEN STOP DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	AWSC	ALIEN WITHHOLDING STATUS CODE	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE REASON FOR THE ALIEN WITHHOLDING TAX.

POSSIBLE-VALUES
BLANK - DEFAULT VALUE
1 - NO WITHHOLDING, UNITED STATES (U.S.) CITIZEN
2 - NO WITHHOLDING, RESIDES IN TAX TREATY COUNTRY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			3 - NO WITHHOLDING, U.S. RESIDENT 4 - NO WITHHOLDING, UNDETERMINED 5 - WITHHOLDING, NONRESIDENT ALIEN 6 - WITHHOLDING, NONRESPONDER 7 - WITHHOLDING APPLICABLE, NO MONEY WITHHELD 8 - WITHHOLDING FOR RETROACTIVE PERIOD, NO MONEY WITHHELD 9 - WITHHOLDING TAX PREVIOUSLY TRANSFERRED	
7	3	AMWA	ALIEN MONTHLY WITHHOLDING AMOUNT	PACKED
			MONEY-FORMAT $$$$C DESCRIPTION DEFINITION REFLECTS THE AMOUNT OF TAX DUE FOR EACH MONTH IN THE PERIOD FROM ALIEN START DATE (ASD) THRU ALIEN STOP DATE (ASTD). POSSIBLE-VALUES ZEROS - DEFAULT VALUE	
10	1	AOWS	ALIEN ONGOING WITHHOLDING STATUS	CHARACTER
			DESCRIPTION PURPOSE USED WHEN CHANGING FROM WITHHOLDING STATUS TO NONWITHHOLDING STATUS, AND THE TAX WAS NOT ACTUALLY BEING WITHHELD. OPERATIONAL CONSIDERATIONS PROCESSING INFORMATION NONWITHHOLDING COULD OCCUR FOR ONE OF THE FOLLOWING REASONS: - BENEFICIARY WAS DEFERRED; - WITHHOLDING WAS FOR RETROACTIVE PERIOD, NO MONEY WITHHELD (AWSC = 8); - THE ALIEN TAX WITHHOLDING HISTORY (ATWH) IS 'ANNOTATION ONLY' OR, - THE ALIEN STOP DATE (ASTD) IS NOT RETROACTIVE. POSSIBLE-VALUES BLANK - DEFAULT VALUE 1 - NO WITHHOLDING, UNITED STATES CITIZEN 2 - NO WITHHOLDING, TAX TREATY 3 - NO WITHHOLDING, RESIDENT ALIEN 4 - NO WITHHOLDING, REASON UNDETERMINED 9 - WITHHOLDING TAX TRANSFERRED, 'ANNOTATION ONLY'	
11	3	ARWA	ALIEN RETROACTIVE WITHHELD AMOUNT	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			MONEY-FORMAT $$$$C DESCRIPTION DEFINITION REFLECTS TAXES DUE THAT WERE COLLECTED IN THE CURRENT OPERATING MONTH MINUS ONE (COM-1). POSSIBLE-VALUES ZEROS - DEFAULT VALUE	
14	3	ACOC	COUNTRY OF CITIZENSHIP DESCRIPTION DEFINITION REPRESENTS THE INDEPENDENT NATIONS OF THE WORLD OF WHICH THE NONRESIDENT IS A CITIZEN. THE ACOC DOES NOT CONTAIN THE CONSULAR OFFICE CODE. PURPOSE USED TO DETERMINE IF NONRESIDENT ALIEN WITHHOLDING APPLIES. POSSIBLE-VALUES RANGE 000 THRU 197 - COUNTRY OF CITIZENSHIP CODE FOR THE APPROPRIATE COUNTRY 999 - DEFAULT VALUE OR UNKNOWN	CHARACTER
17	2	ATR	ALIEN TAX WITHHOLDING RATE DESCRIPTION DEFINITION RATE OF WITHHOLDING TO BE IMPOSED (.NNN). ATR HAS *NOT* BEEN ACTIVATED.	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	ENFD	ENFORCEMENT DATA	GROUP

DESCRIPTION
DEFINITION
THE NUMBER OF OCCURRENCES OF ENFORCEMENT DATA (ENFD) IS
DETERMINED BY NUMBER OF ENFORCEMENT FIELDS (NENFD).
A MINIMUM OF ZERO (0) AND A MAXIMUM OF FIVE (5) OCCURRENCES.
ENFD IS A COMPLETE REPLACEMENT FIELD.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	YOE	YEAR OF ENFORCEMENT	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
YEAR OF ENFORCEMENT (YY)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
2	2	YOES	YEAR OF ENFORCEMENT SELECTION	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
YEAR OF ENFORCEMENT SELECTION (YY)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
4	4	TEE	TOTAL ENFORCEABLE EARNINGS	PACKED

MONEY-FORMAT
$$$$$$$

DESCRIPTION
DEFINITION
REPRESENTS THE AMOUNT OF ENFORCEMENT EARNINGS.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
8	2	ECC	ENFORCEMENT CATEGORY CODE	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS THE ENFORCEMENT CATEGORY

POSSIBLE-VALUES
01 - TE NO 777
02 - TE NO 777-NAME DIFFERENCE
03 - TE DISCREPANCY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			04 - TE DISCREPANCY-NAME DIFFERENCE 05 - TE DIRCON REQUIRED 06 - TE DIRCON REQUIRED-NAME DIFFERENCE 07 - MOE POTENTIAL UNDERPAYMENT 08 - POTENTIAL UNDERPAYMENT 09 - TE DISCREPANCY-MULTIPLE SECTION 10 - TE PRIOR ALERT-POSSIBLE UNDERPAYMENT 11 - TE DIRCON REQUIRED-MULTIPLE SELECTION 12 - TE DIRCON REQUIRED-MULTIPLE SELECTION-POSSIBLE UNDERPAYMENT 13 - TE DISCREPANCY-MULTIPLE SELECTION-NAME DIFFERENCE 14 - TE PRIOR ALERT-POSSIBLE UNDERPAYMENT-NAME DIFFERENCE 15 - TE DIRCON REQUIRED-MULTIPLE SELECTION-NAME DIFFERENCE 16 - TE DIRCON REQUIRED-MULTIPLE SELECTION-POSSIBLE UNDERPAYMENT-NAME DIFFERENCE 17 - ANY CDR SELECTION CATEGORY	
10	1	ESOC	ENFORCEMENT SELECTION OPERATION CODE	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS THE PHASE OF THE ENFORCEMENT OPERATION WHICH SELECTED THE ITEM. POSSIBLE-VALUES A - FIRST PHASE B - SECOND PHASE C - THIRD PHASE D - FOURTH PHASE E - FIFTH PHASE	
11	1	EPT	EARNINGS POSTING TYPE	CHARACTER
			DESCRIPTION DEFINITION REPRESENTS THE TYPE OF EARNINGS POSTED POSSIBLE-VALUES C - COMBINATION OF WAGES (TWO OR MORE OF TYPES BELOW) F - FICA OR COVERED WAGES N - NON COVERED WAGES M - MQFE/MQGE WAGES S - SELF-EMPLOYMENT R - RAILROAD EARNINGS	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	30	HIST	HISTORY DATA	GROUP

DESCRIPTION
PURPOSE
USED TO RECORD THE MONTHLY BENEFITS EITHER PAID, CREDITED OR WITHHELD FOR SPECIFIC MONTHS.

ALSO USED TO RECORD HISTORY DATA ON THE MASTER FOR EACH MONTH (EFFECTIVE DATE) WHERE THERE IS A CHANGE IN MONTHLY BENEFIT AMOUNT, REASON FOR DEDUCTION, WORK INDICATION CODE, BENEFIT PAID DESIGNATION, HISTORICAL SPAC AMOUNT, DIMES DEDUCTION AMOUNT, OR ROUNDING HISTORY CODE AS COMPARED TO THE PREVIOUS MASTER HISTORY DATA. THE NUMBER OF OCCURRENCES OF HISTORY DATA (HIST) IS INDICATED BY NUMBER OF HISTORY FIELDS (NHIST).

A MINIMUM OF ZERO (0) AND A MAXIMUM OF 72 OCCURRENCES. IF THE NUMBER OF HISTORY FIELDS INPUT AND THE NHIST FIELD ON MBR RESULT IN MORE THAN 72 OCCURRENCES, DUMAS DELETES THE EARLIEST OCCURRENCES BEGINNING WITH THE SECOND OCCURRENCE. DUMAS ALWAYS RETAINS THE VERY FIRST OCCURRENCE OF HISTORY.

HIST IS A COMPLETE REPLACEMENT FIELD BEGINNING WITH THE FIRST EFFECTIVE DATE (EFD) OF CHANGE AND CONTINUING THROUGH THE EFFECTIVE DATE WHICH WILL REFLECT THE CONTINUING PAYMENT HISTORY.

THE EARLIEST HISTORY FIELD ON THE MBR IS 1/62. THE EARLIEST HISTORY FIELD THAT CAN BE CODED BY MADCAP IS 1/65.

0	3	EFD	HISTORY EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF HISTORY EFFECTIVE DATE

3	5	MBA	MONTHLY BENEFIT AMOUNT	NUMERIC

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

REFLECTS THE DIMES ROUNDED TITLE II MONTHLY BENEFIT AMOUNT (MBA) DUE PRIOR TO DOLLAR ROUNDING.

OPERATIONAL CONSIDERATIONS

DIMES DOWN ROUNDING APPLIES TO MONTHS AFTER 5/82.

PROCESSING INFORMATION

MBA IS CALCULATED BASED ON THE PRIMARY INSURANCE AMOUNT (PIA) AND ORIGINAL BENEFIT AS ADJUSTED BY REDUCTIONS FOR FAMILY MAXIMUM, AGE, WORKERS COMPENSATION, GOVERNMENT PENSION OFFSET AND ADJUSTMENTS FOR DELAYED RETIREMENT AND WORK.

8 4 HSA — HISTORICAL SUPPLEMENTAL MEDICAL INSURANCE (SMI) AMOUNT — NUMERIC

MONEY-FORMAT

$$$C

DESCRIPTION

DEFINITION

REFLECTS THE AMOUNT OF THE PREMIUM FOR SUPPLEMENTAL MEDICAL INSURANCE (SMI) WHICH IS DEDUCTIBLE FOR THE PERIOD SHOWN BY HISTORY EFFECTIVE DATE (EFD).

POSSIBLE-VALUES

0000 - NO ENROLLMENT FOR SUPPLEMENTAL MEDICAL INSURANCE (SMI) OR NO PREMIUM DEDUCTIBLE FOR THE PERIOD (PREMIUM PAYABLE BY THIRD PARTY) OR A PERIOD PRIOR TO 6/82

RANGE 0001 THRU 9999 - AMOUNT OF SMI DEDUCTIBLE

12 3 DDA — DIMES DEDUCTION AMOUNT — GROUP

DESCRIPTION

DEFINITION

CONSISTS OF THREE SUBFIELDS (DDA1, DDA2, AND DDA3), WHICH TOGETHER SHOW THE NUMBER OF DIMES DEDUCTED IN ROUNDING THE TITLE II MONTHLY BENEFIT AMOUNT (MBA) TO DERIVE THE TITLE II MONTHLY BENEFIT CREDITED (MBC).

IF THE RESPECTIVE ROUNDING INDICATOR (FOR DDA2, RODUAL; FOR DDA3, ROTRIP) IS NOT ON, THIS AMOUNT MAY BE A MBA AMOUNT LESS THAN $1.00 AND NOT A DIMES DEDUCTION AMOUNT (DDA).

OPERATIONAL CONSIDERATIONS

NO DEDUCTION WILL BE MADE USING A DDA FIELD IF THE RESPECTIVE ROUNDING INDICATOR IS SET OFF.

THE FIRST MONTH THAT ANY ROUNDING INDICATOR IS SET

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

ON, INDICATES THE INITIAL MONTH OF ROUNDING IMPLEMENTATION FOR THIS BENEFICIARY.

POSSIBLE VALUES ARE:
0 - ROUNDING IMPLEMENTED; EITHER NO DIMES DEDUCTED FROM MBA OR DEDUCTIONS AT AN EVEN DOLLAR AMOUNT
RANGE 1 THRU 9 - ROUNDING IMPLEMENTED; TOTAL DEDUCTION HAS DIMES VALUE OF $.10 TO $.90

12 1 DDA1 DIMES DEDUCTION AMOUNT ONE NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE DIMES DEDUCTED AMOUNT (DDA) FOR THIS BENEFIT.
PROCESSING INFORMATION
THE ROUNDING HISTORY CODE (RHC) WILL SHOW WHETHER DDA2 OR DDA3 IS TO BE USED IN THE CALCULATION OF DDA1.

POSSIBLE-VALUES
0 - ROUNDING IMPLEMENTED; EITHER NO MONTHLY BENEFIT AMOUNT (MBA) DEDUCTIONS OR DEDUCTIONS AT AN EVEN DOLLAR AMOUNT
RANGE 1 THRU 9 - ROUNDING IMPLEMENTED; TOTAL DEDUCTION HAS DIMES VALUE OF $.10 TO $.90

13 1 DDA2 DIMES DEDUCTION AMOUNT TWO NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE DIMES DEDUCTED AMOUNT (DDA) OF THE LARGER EXCESS MONTHLY BENEFIT AMOUNT (LEMBA), WHERE THERE IS A COMBINED MONTHLY BENEFIT AMOUNT (MBA).

POSSIBLE-VALUES
0 - ROUNDING IMPLEMENTED; EITHER NO MONTHLY BENEFIT AMOUNT (MBA) DEDUCTIONS OR DEDUCTIONS AT AN EVEN DOLLAR AMOUNT
RANGE 1 THRU 9 - ROUNDING IMPLEMENTED; TOTAL DEDUCTION HAS DIMES VALUE OF $.10 TO $.90

14 1 DDA3 DIMES DEDUCTION AMOUNT THREE NUMERIC

DESCRIPTION
DEFINITION
REFLECTS THE DIMES DEDUCTED AMOUNT (DDA) FOR THE OTHER ACCOUNT WHERE THERE IS TRIPLE ENTITLEMENT.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

POSSIBLE-VALUES
0 - ROUNDING IMPLEMENTED; EITHER NO MONTHLY BENEFIT AMOUNT (MBA) DEDUCTIONS OR DEDUCTIONS AT AN EVEN DOLLAR AMOUNT
RANGE 1 THRU 9 - ROUNDING IMPLEMENTED; TOTAL DEDUCTION HAS DIMES VALUE OF $.10 TO $.90

15 1 RHC ROUNDING HISTORY CODE CHARACTER

DESCRIPTION
PURPOSE
USED TO SHOW WHETHER SUPPLEMENTAL MEDICAL INSURANCE (SMI) ENROLLMENT AND ROUNDING ARE APPLICABLE.

POSSIBLE-VALUES
ON THE MBR AND LBI RECORDS:
B BIT - 1 ALL THE TIME
A BIT - 1 IF HSA CONTAINS A VARIABLE SMI PREMIUM RATE
8 BIT - 1 IF ROUNDING APPLIED IN TRIPLE ENTITLEMENT SITUATION
4 BIT - 1 IF ROUNDING APPLIED IN DUAL ENTITLEMENT SITUATION
2 BIT - 1 IF ROUNDING APPLIED (SINGLE ENTITLEMENT)
1 BIT - 1 IF INDIVIDUAL IS IN A SUPPLEMENTAL MEDICIAL INSURANCE (SMI) PREMIUM COLLECTIBLE PERIOD REGARDLESS OF THE METHOD OF COLLECTION; (SMI PREMIUMS ARE DUE ONE (1) MONTH IN ADVANCE)

FOR MONTHS PRIOR TO 6/82:
ALL BITS, EXCEPT THE B BIT, ARE SET TO 0

16 1 RFD REASON FOR DEDUCTION CHARACTER

DESCRIPTION
IF THE LAF STATUS IS SUSPENSE, CONDITIONAL/ADJUSTMENT, OR DELAYED/PENDING - THE RFD WILL CONTAIN THE LOW ORDER POSITION OF THE LAF CODE (SECOND POSITION OF LAF). EXCEPTION TO THIS RULE IS LAF AD. WHEN LAF IS AD, THE RFD WILL CONTAIN AN 'A'. THE WIC IS HELD OPEN FOR WORK INDICATION WHEN LAF IS SUSPENSE, CONDITIONAL OR DELAYED.

IF THE LAF STATUS IS TERMINATED, THE RFD WILL CONTAIN THE FIRST POSITION OF THE LAF CODE (T OR P). THE LAF CODE OF PT IS USED FOR TERMINATION OF BENEFICIARIES IN DELAYED STATUS. THE WIC WOULD CONTAIN THE REASON FOR TERMINATION.

POSSIBLE-VALUES
BLANK - A PERIOD WHERE PAYMENT STATUS IS CURRENT, DEFERRED, CURRENT PAYMENT THROUGH RAILROAD BOARD, ADVANCED FILING FOR CURRENT PAYMENT

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OR ADVANCED FILING FOR DEFERRED PAYMENT
(LAF = C, D, E).

LOW ORDER
POSITION
OF LAF ---- A PERIOD WHERE PAYMENT STATUS IS CONDITIONAL, ADVANCED FILING FOR CONDITIONAL, OR PENDING CLAIM (LAF = S OR P (EXCEPT PT))

A - A PERIOD WHERE PAYMENT STATUS IS WITHDRAWN FOR ADJUSTMENT (LAF = A)

C - PERIOD WHERE BENEFICIARY NOT PAID DUE TO RETROACTIVE BAN

N - BENEFICIARY WAS NOT ENTITLED FOR THIS PERIOD

P - A PERIOD WHERE PAYMENT STATUS IS TERMINATED FROM A PENDING OR = PT)

T - A PERIOD WHERE PAYMENT STATUS IS TERMINATED (LAF = T) OR A PERIOD WHERE PAYMENT STATUS IS ACTIVE TITLE XVIII = U) OR TERMINATED TITLE XVIII STATUS (LAF = X) AND BENEFICIARY IDENTIFICATION CODE (BIC) IS OTHER THAN UNINSURED BENEFICIARY OR RENAL DI = T OR M)

Y - INDICATES THE BENEFICIARY WAS ENTITLED FOR THIS PERIOD ON ANOTHER ACCOUNT.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
17	1	WIC	WORK INDICATION CODE	CHARACTER

DESCRIPTION
DEFINITION
REPRESENTS TYPE OF WORK OR CONTAINS THE REASON FOR THE TERMINATION WHICH IS HOUSED IN THE LOW ORDER POSITION OF THE LAF CODE (SECOND POSITION).

POSSIBLE-VALUES

0 - NO WORK INDICATED

1 - FOREIGN WORK INDICATED

2 - DOMESTIC WORK INDICATED OR DISABLED BENEFICIARY'S SUBSTANTIAL GAINFUL ACTIVITY (SGA) WORK IN THE EXTENDED PERIOD OF ENTITLEMENT (TOGETHER WITH AN RFD OF 7)

7 - SGA (SUBSTANTIAL GAINFUL ACTIVITY) MONTHS AFTER A FAVORABLE MEDICAL DECISION ON A REQUEST FOR EXPEDITED REINSTATEMENT (PROVISIONAL PAYMENTS) BUT BEFORE THE NEW TWP AND EPE. (IMPLEMENTED 2/01)

A - ADMINISTRATIVE SANCTION - FIRST OCCURRENCE

B - ADMINISTRATIVE SANCTION - SECOND OCCURRENCE

C - ADMINISTRATIVE SANCTION- THIRD OR SUBSEQUENT OCCURRENCE

N - NONCOMPLIANCE (DA&A LEGISLATION)

P - PROVISIONAL PAYMENT (IMPLEMENTED 2/01)

S - SANCTION (DA&A LEGISLATION)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
18	1	BPD	BENEFIT PAID DESIGNATION INDICATOR	CHARACTER

DESCRIPTION
DEFINITION
INDICATES THAT A BENEFIT WAS PAID OR CREDITED.

POSSIBLE-VALUES
0 - DEFAULT VALUE
1 - BENEFIT PAID OR CREDITED

19	5	MBC	MONTHLY BENEFIT CREDITED	NUMERIC

MONEY-FORMAT
$$$$C

DESCRIPTION
DEFINITION
REFLECTS THE TITLE II MONTHLY BENEFIT CREDITED (MBC) DUE AFTER ANY APPROPRIATE DOLLAR ROUNDING (CONSIDERING A DEDUCTIBLE SUPPLEMENTAL MEDICAL INSURANCE (SMI) PREMIUM), BUT PRIOR TO THE COLLECTION OF ANY OBLIGATIONS OF THE BENEFICIARY (INCLUDING SMI PREMIUM). IT IS THE AMOUNT WHICH THE BENEFICIARY IS, WAS OR WOULD HAVE BEEN PAID OR CREDITED.
PURPOSE
USED IN THE CALCULATION OF OVERPAYMENT AND UNDERPAYMENT.
OPERATIONAL CONSIDERATIONS
FOR PERIODS PRIOR TO 6/82, TITLE II MONTHLY BENEFIT AMOUNT (MBA) AND MBC ARE EQUAL.

THE ROUNDING HISTORY CODE (RHC) WILL SHOW WHETHER DIMES DEDUCTION AMOUNT TWO (DDA2) OR DDA3 IS TO BE USED IN THE CALCULATION OF MBC.

24	6	HRFST	REASON FOR SUSPENSION OR TERMINATION	CHARACTER

DESCRIPTION
REPRESENTS THE SPECIFIC REASON FOR SUSPENSION OR TERMINATION BENEFITS. RFST WILL BE INPUT, STORED AND DISPLAYED AS A 6 CHARACTER FIELD.

POSSIBLE-VALUES
ADPANL - TERMINATION DUE TO ANNULMENT OF ADOPTION
ADVTRM - TERMINATION ACTION AGAINST BENEFICIARY IN ADVANCE FILING STATUS
AFTERM - ADVANCE FILE CLAIM TERMINATED AFTER MATURITY
ALNSUS - LEFT U.S. ALIEN SUSPENSION

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			ANNULM - SPOUSE TERMINATION DUE TO ANNULMENT OF MARRIAGE	
			ASANCT - ADMINISTRATIVE SANCTIONS	
			A18TRM - CHILD ATTAINS AGE 18, NOT STUDENT OR CDB	
			BARRED - BARRED COUNTRY SUSPENSION	
			CERTEL - DE POTENTIAL WIDOW(CERTIFICATION OF ELECTION PENDING)	
			CHDADT - TERMINATION DUE TO CHILD ADOPTION PRIOR TO 10/72	
			CHDAGE - CIC TERMINATION BASED ON LAST CHILD AGE ATTAINMENT	
			CHDNLD - CIC TERMINATION BASED ON LAST CHILDS DIB TERMINATION	
			CHDTRM - CIC TERMINATION BASED ON LAST CHILDS MARRIAGE	
			CLMDTH - DEATH TERMINATION	
			CLMWTH - CLAIM WITHDRAWAL TERMINATION	
			CMARRY - MARRIAGE OF CHILD BENEFICIARY	
			CNLCDB - CDB DISABILITY CESSATION TERMINATION	
			CNLFTS - TERMINATION DUE TO CHILD NO LONGER A STUDENT	
			CONVER - BUILT IN MBR CONVERSION FOR UNKNOWN OR SUSPICIOUS PERIODS OF SUSPENSION	
			DAAFCT - DA&A BENEFICIARY FAILED TO COMPLY WITH TREATMENT	
			DECOMB - BENEFITS FOR DUALLY ENTITLED BENEFICIARY COMBINED ON THE OTHER SSN	
			DELAYD - CLAIMANT IN DELAYED SUSPENSE STATUS	
			DEPORT - SUSPENSION FOR DEPORTATION	
			DEVADD - ADDRESS DEVELOPMENT SUSPENSE	
			DEVAGE - SUSPENSION OF BENEFITS FOR DEV OF AGE/PROOF OF AGE WITH CONVERSION OF CIC TO AGED SPOUSE BENEFICIARY	
			DEVDIB - SUSPENSION FOR CDR	
			DEVDTH - DEVELOPMENT FOR DEATH	
			DEVPYE - SUSPENSION OF BENEFITS FOR PAYEE DEVELOPMENT	
			DIBCES - NH OR DWB DISABILITY CESSATION TERMINATION	
			DIBWRK - DISABLED BENEFICIARY WORKS AT SGA (SUBSTANTIAL GAINFUL ACTIVITY) LEVEL AFTER A FAVORABLE MEDICAL DECISION ON THE REQUEST FOR AN EXPEDITED REINSTATEMENT (PROVISIONAL PAYMENTS) BUT BEFORE THE NEW TWP AND EPE. (IMPLEMENTED 2/01)	
			DIRDEP - REFUSAL TO PROVIDE BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT (NOT ACTIVATED)	
			DISDET - BENEFITS SUSPENDED PENDING DISABILITY DETERMINATION	
			DIVORC - SPOUSE TERMINATION DUE TO DIVORCE	
			DLDTRM - TERMINATION OF CLAIMANT IN DELAYED STATUS	
			DOMWRK - BENEFICIARY RECEIVES NO MONEY DUE TO WORK INSIDE THE U.S.	
			DTHPYE - SUSPENSION OF BENEFITS DUE TO DEATH OF PAYEE	
			DVEARN - DEVELOPMENT OF EARNINGS	
			DWBENT - YOUNG WIDOW CONVERTED TO DWB BENEFICIARY	
			EPESGA - EPE SGA SUSPENSION	
			ERRDTH - ERRONEOUS DEATH TERMINATION	
			FORENF - FOREIGN ENFORCEMENT REPORT NOT RETURNED (SSA-7162)	
			FORWRK - BENEFICIARY RECEIVES NO MONEY DUE TO WORK OUTSIDE THE U.S.	
			FRAATN - BENEFICIARY ATTAINED FULL RETIREMENT AGE	
			GARNSH - GARISHMENT	

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			GPOOFF - BENEFICIARYS MONTHLY BENEFIT IS $0.00 DUE TO GPO OFFSET	
			IRSLEV - BENEFITS SUSPENDED DUE TO IMPOSTION OF AN IRS LEVY	
			LEGISL - NEW LEGISLATIVE DECISIONS	
			LEGIS1 - LEGISLATIVE SUSPENSION PENDING FULL PROCESSING IMPLEMENTATION	
			LEGIS2 - LEGISLATIVE SUSPENSION PENDING FULL PROCESSING IMPLEMENTATION	
			LEGIS3 - LEGISLATIVE SUSPENSION PENDING FULL PROCESSING IMPLEMENTATION	
			LESSDO - MBA < $1.00	
			MARRGE - SPOUSE TERMINATION DUE TO MARRIAGE	
			MENTAL - PRISONER SUSPENSION - CONFINEMENT TYPE IS MENTAL	
			MISCEL - MISCELLANEOUS (NO OTHER SPECIFIC REASON APPLIES)	
			NHDEAD - AUXILLIARY TERMED DUE TO DEATH OF THE NUMBER HOLDER	
			NHDWRK - BENEFICIARY RECEIVES NO MONEY DUE TO NUMBER HOLDERS WORK INSIDE THE U.S.	
			NHFWRK - BENEFICIARY RECEIVES NO MONEY DUE TO NUMBER HOLDERS WORK OUTSIDE THE U.S.	
			NOBOAN - AUXILIARY CLAIM/NO BOAN (REFUSED ENUMERATION)	
			NOCICS - NO CHILD IN CARE SUSPENSION	
			NOTENT - BENEFICIARY TERMINATION WITH DATE OF ENTITLEMENT	
			NOTLAW - FAILURE TO BE LAWFULLY PRESENT IN THE U.S.	
			NOUSCP - SUSPENSION OF BENEFITS IN ABSENCE OF U.S. CITIZENSHIP PROOF.	
			OTHAGY - BENEFITS PAYABLE BY ANOTHER AGENCY	
			OTHTRM - T9 TERMINATION NOT INCLUDED UNDER ANY OTHER HRFST	
			OUTUSA - NON-RESPONDER TO SSA-21 SUPPLEMENT TO CLAIMS OUTSIDE THE U.SA	
			PHILRP - PHILIPPINE REPRESENTATIVE PAYEE CASES	
			PMRANL - ANNULMENT OF PARENTS MARRIAGE TO NUMBER HOLDER	
			PREDTR - SEXUAL PREDATOR OR SIMILAR SEXUALLY DANGEROUS PERSON CONFINED BY COURT ORDER IN AN INSTITUTION FOLLOWING A PRISON SENTENCE.	
			PRISON - PRISONER SUSPENSION	
			PROFRA - TERMINATION OF PROVISIONAL DIB BENEFITS IN FRA MONTH	
			PUTMAR - SPOUSE TERMINATION DUE TO END OF PUTATIVE MARRIAGE	
			RAILRD - DEVELOPMENT FOR RAILROAD BOARD CERTIFICATION DETERMINATION	
			RECONM - TERMINATION BASED ON NON-RESPONSE TO RECONTACT NOTICE	
			RECONT - NON-RESPONDER TO RECONTACT FORM	
			REFUSE - REFUSED AGED BENEFITS TO GET MEDICARE ONLY COVERAGE	
			REMARR - SPOUSE TERMINATION DUE TO REMARRIAGE	
			RPINST - PAYEE INSTALLMENT CASES	
			STEPDV - STEPCHILD TERMINATE DUE TO DIVORCE BETWEEN PARENT AND THE NUMBER HOLDER	
			STUDEN - STUDENT FORM NOT RETURNED (SSA-1386/1388)	
			STUD19 - TERMINATION BASED ON AGE 19 STUDENT PROVISIONS	
			STUD22 - AGE 22 TERMINATION	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			STULEG - STUDENT TERMINATED DUE TO LEGISLATIVE CHANGES	
			SUMMER - SUMMER SUSPENSION FOR STUDENT	
			TECENT - TECHNICAL ENTITLEMENT	
			TERMED - BENEFICIARY TERMINATED	
			T5NENT - ENTITLEMENT TO HIGHER BENEFITS ON ANOTHER ACCOUNT	
			UNKNWN - S-7 SUSPENSION FOR UNDETERMINED REASON	
			VOIDMR - TERMINATION DUE TO VOID OR VOIDED MARRIAGE	
			VOLDRC - VOLUNTARY SUSPENSION TO EARN DELAYED RETIREMENT CREDIT (DRC)	
			VREHAB - REFUSED VOCATIONAL REHABILITATION SERVICES. THIS RFST APPLIES TO LAF S7 PRIOR TO JANUARY 2001. VR REFUSAL SUSPENSIONS HAVE BEEN ELIMINATED EFFECTIVE EFFECTIVE JANUARY 2001 WITH LEGISLATION.	
			WAIVER - WAIVER OF BENEFIT PAYMENTS	
			WHEREU - WHEREABOUTS UNKNOWN	
			WINFAL - WINDFALL OFFSET	
			WITHDR - WITHDRAWAL OF CLAIM	
			72NUSR - PROUTY BENEFICIARY IS A NONRESIDENT OF THE U.S.	
			72PACB - PROUTY BENEFICIARY IS RECEIVING PUBLIC ASSISTANCE CASH BENEFIT	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	14	SGAD	SUBSTANTIAL GAINFUL ACTIVITY DATA	GROUP

DESCRIPTION
PROVIDES INFORMATION REGARDING THE ROLLING 60 MONTH TRIAL
(EPE EQUAL TO 3 YEARS) AND AN ADDITIONAL 2 YEARS.
10 OCCURRENCES.
NOT ACTIVATED YET

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	2	SGAYR	SUBSTANTIAL GAINFUL ACTIVITY YEAR	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
YEAR OF SUBSTANTIAL GAINFUL ACTIVITY DATA (YY)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
2	12	SGAMS	MONTHS OF SUBSTANTIAL GAINFUL ACTIVITY DATA	CHARACTER

DESCRIPTION
PROVIDES AMOUNT OR TYPE OF WAGES EARNED EACH MONTH OF THE YEAR

POSSIBLE-VALUES
A - WORK INVOLVED IS $ 1.00 TO $ 99.00
B - WORK INVOLVED IS $100.00 TO $199.00
C - WORK INVOLVED IS $200.00 TO $299.00
D - WORK INVOLVED IS $300.00 TO $399.00
E - WORK INVOLVED IS $400.00 TO $499.00
F - WORK INVOLVED IS $500.00 TO $599.00
G - WORK INVOLVED IS $600.00 TO $699.00
H - WORK INVOLVED IS $700.00 TO $799.00
I - WORK INVOLVED IS $800.00 TO $899.00
J - WORK INVOLVED IS $900.00 TO $999.00
K - WORK INVOLVED IS $1000.00 TO $1099.00
L - WORK INVOLVED IS LESS THAN $1.00
M THRU V - RESERVED FOR FUTURE EXPANSION
W - SHELTERED WORK - EXCLUDED
X - SUBSIDIES INVOLVED - ACTUAL EARNINGS ARE POSTED
Y - IRWE INVOLVED - ACTUAL EARNINGS ARE POSTED
Z - OTHER (HOLIDAY PAY, WC, STANDBY PAY, ETC)
BLANK - NO WORK INVOLVED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	4	DTPD	DISABILITY TEST PROCESS DATA	GROUP

DESCRIPTION
IDENTIFIES RECORDS THAT ARE PART OF THE DISABILITY TEST PROCESS STUDY. DTPD IS A COMPLETE REPLACEMENT FIELD. THIS FIELD CAN OCCUR UP TO 5 TIMES. THE NUMBER OF OCCURRENCES IS INDICATED IN NDTPD (NUMBER OF DISABILITY TEST PROCESS DATA FIELDS). DTPD IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD. (IMPLEMENTED 9/93)

0	1	TPI	TEST PROCESS INDICATOR	CHARACTER

DESCRIPTION
IDENTIFIES THE STUDY MODEL

POSSIBLE-VALUES
1 - DISABILITY SPECIALIST (DS) CLAIMS INTAKE INTERVIEW
2 - PREDENIAL INTERVIEW (PDI) WITH DS INTAKE INTERVIEW
3 - FOR FUTURE USE
4 - FOR FUTURE USE
5 - CONTROL GROUP - CLAIMS REP (CR) INTAKE INTERVIEW
6 - PREDENIAL INTERVIEW (PDI) WITH CR INTAKE INTERVIEW
7 - FOR FUTURE USE
8 - FOR FUTURE USE
9 - CASE REMOVED FROM STUDY
A - FULLY FAVORABLE WITHOUT PDI INTERVENTION

1	3	DCF	DATE CLAIM FILED	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF DATE CLAIM FILED FOR THE PARTICULAR CLAIM BEING TRACKED UNDER THIS STUDY METHOD.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	HBAD	HISTORICAL BENEFICIARY ADDRESS DATA	GROUP
			DESCRIPTION HISTORICAL BENEFICIARY ADDRESS DATA ACTIVATION 6/1994 THIS DATA GENERATED ON THE MBR BY DUMAS. 10 OCCURRENCES	
0	3	HEDA	HISTORICAL EFFECTIVE DATE OF ADDRESS	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF HISTORICAL EFFECTIVE DATE OF ADDRESS	
3	2	HAP	HISTORICAL ADDRESS POINTER	PACKED

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0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	92	HPD	HISTORICAL PAYEE NAME/LEGEND DATA	GROUP
			DESCRIPTION HISTORICAL PAYEE NAME/LEGEND DATA THIS DATA GENERATED ON THE MBR BY DUMAS. 10 OCCURRENCES ACTIVATED 6/94	
0	3	HEDL	HISTORICAL EFFECTIVE DATE OF LEGEND	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) OF HISTORICAL EFFECTIVE DATE OF LEGEND	
3	1	HLLL	LAST HISTORICAL LEGEND LINE	NUMERIC
			POSSIBLE-VALUES 2 THRU 3 - LINE NUMBER LEGEND DATA ENDS ON	
4	88	HPNL		GROUP
			DESCRIPTION HISTORICAL PAYEE NAME/LEGEND DATA	
4	22	HPNL-LINE1	LINE ONE OF HISTORICAL PAYEE NAME/LEGEND DATA	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	
26	22	HPNL-LINE2	LINE TWO OF HISTORICAL PAYEE NAME/LEGEND DATA	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	
48	22	HPNL-LINE3	LINE THREE OF HISTORICAL PAYEE NAME/LEGEND DATA	CHARACTER
			POSSIBLE-VALUES ANY ALPHANUMERIC OTHER THAN ALL BLANK	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
70	22	HPNL-LINE4	LINE FOUR OF HISTORICAL PAYEE NAME/LEGEND DATA	CHARACTER

POSSIBLE-VALUES
ANY ALPHANUMERIC OTHER THAN ALL BLANK

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	25	CIND	CURRENT INSTALLMENT DATA	GROUP
			DESCRIPTION UPDATED AS A COMPLETE REPLACEMENT GROUP.	
0	4	CTIA	CURRENT TOTAL INSTALLMENT AMOUNT	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION REFLECTS THE TOTAL UNDERPAYMENT AMOUNT BEING PAID VIA INSTALLMENTS AS OF THE CURRENT INSTALLMENT START DATE (CIST)	
4	3	CIST	CURRENT INSTALLMENT START DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF CURRENT INSTALLMENT START DATE REFLECTS THE OPERATING MONTH TO START PAYING MONTHLY INSTALLMENTS FOR THE UNDERPAYMENT IN THE CTIA.	
7	3	CICD	CURRENT INSTALLMENT CESSATION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF CURRENT INSTALLMENT CESSATION DATE REFLECTS THE LAST OPERATING MONTH TO PAY AN INSTALLMENT AMOUNT.	
10	3	CISD	CURRENT INSTALLMENT SUSPENSION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF CURRENT INSTALLMENT SUSPENSION DATE REFLECTS THE OPERATING MONTH IN WHICH INSTALLMENT PAYMENTS WERE SUSPENDED. THIS DATE IS EQUAL TO THE DOCA AND IS	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			GENERATED BY MADCAP AND DUMAS (FOR OBJECT PROGRAMS OTHER THAN MADCAP).	
13	3	CMIA	CURRENT MONTHLY INSTALLMENT MAXIMUM AMOUNT	PACKED
			MONEY-FORMAT $$$$$	
			DESCRIPTION REFLECTS THE MAXIMUM MONTHLY INSTALLMENT AMOUNT TO BE ADDED TO THE MBP.	
16	2	CMIP	CURRENT MONTHLY INSTALLMENT MAXIMUM PERCENTAGE	PACKED
			DESCRIPTION REFLECTS THE MAXIMUM PERCENTAGE AMOUNT FOR DA&A RECORDS (CURRENTLY 100% OF THE CMBA).	
18	4	CMBA	CURRENT DAA MONTHLY BENEFIT AMOUNT	PACKED
			MONEY-FORMAT $$$$$C	
			DESCRIPTION REFLECTS THE CURRENT MONTHLY BENEFIT AMOUNT UPON WHICH THE INSTALLMENT AMOUNT IS BASED.	
22	3	COIA	CURRENT ONGOING INSTALLMENT AMOUNT	PACKED
			MONEY-FORMAT $$$$C	
			DESCRIPTION REFLECTS THE RECURRENT MONTHLY AMOUNT OF INSTALLMENT BEING ADDED TO THE MBP.	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	28	HUD	HISTORICAL UNDERPAYMENT DATA	GROUP

DESCRIPTION
UPDATED AS A COMPLETE REPLACEMENT GROUP.
MAXIMUM OF 50 OCCURRENCES.

0	2	UAP	UNDERPAYMENT ACTION PROCESSED -- SSC/SSSC	CHARACTER

DESCRIPTION
REFLECTS THE SSC/SSSC OF THE OBJECT PROGRAM TRANSACTION
SETTING UP THE UNDERPAYMENT OCCURRENCE.

2	3	URPD	UNDERPAYMENT RUN PROCESS DATE -- RPD	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF UNDERPAYMENT RUN PROCESS DATE
REFLECTS THE RUN PROCESSING DATE (RPD) ASSOCIATED WITH THE
TRANSACTION SETTING UP THE INSTALLMENT ACTION.

5	3	UPST	UNDERPAYMENT ACCRUAL PERIOD START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF UNDERPAYMENT ACCRUAL PERIOD
START DATE.
REFLECTS THE EFFECTIVE OPERATING MONTH OF AN UNDERPAYMENT
ACCRUAL PERIOD.

8	3	UPED	UNDERPAYMENT ACCRUAL PERIOD END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF UNDERPAYMENT ACCRUAL PERIOD
END DATE.
REFLECTS THE ENDING OPERATING MONTH OF AN UNDERPAYMENT
ACCRUAL PERIOD.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
11	1	UPT	UNDERPAYMENT TYPE	CHARACTER

DESCRIPTION
REFLECTS THE TYPE OF UNDERPAYMENT ACCRUAL.
UPT IS DISPLAYED ON LIMITS AS 2 POSITIONS

POSSIBLE-VALUES
A - UNDERPAYMENT
B - CONSERVED FUNDS
C - RESTITUTION OF MISUSED FUNDS
D - PREMIUM REFUNDS
E - DEATH UNDERPAYMENT
F - LUMP SUM
G - RETURNED CHECK
H - EXCESS ATTORNEY FEE
V - VTW ADMINISTRATIVE ERROR ADJUSTMENT (REFUND)

12	4	UPA	UNDERPAYMENT AMOUNT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
REFLECTS THE TOTAL AMOUNT OF THE UNDERPAYMENT.

16	4	USNP	UNDERPAYMENT ADJUSTMENT SPECIAL NEEDS PAYMENT	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
REFLECTS THE PORTION OF THE TOTAL UNDERPAYMENT AMOUNT BEING
PAID AS A SPECIAL NEEDS PAYMENT.

20	4	UAREC	UNDERPAYMENT ADJUSTMENT RECONCILIATION	PACKED

MONEY-FORMAT
$$$$$CC

DESCRIPTION
REFLECTS THE PORTION OF THE TOTAL UNDERPAYMENT USED TO OFFSET
AN OVERPAYMENT.

24	4	UADPD	UNDERPAYMENT ADJUSTMENT PAID AMOUNT	PACKED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

MONEY-FORMAT
$$$$$CC

DESCRIPTION
REFLECTS THE AMOUNT OF THE UNDERPAYMENT PAID VIA INSTALLMENTS UP THROUGH COM.

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	BCOV	BENEFICIARY CURRENT ONGOING VOLUNTARY TAX WITHHOLDING DATA BCOV IS UPDATED AS A COMPLETE REPLACEMENT GROUP FIELD. ACTIVATED 1/99.	GROUP
0	3	CVSD	CURRENT VOLUNTARY TAX WITHHOLDING START DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF CURRENT VOLUNTARY TAX WITHHOLDING START DATE. THE FIRST OPERATING MONTH/YEAR FOR AN ONGOING BENEFIT AMOUNT FROM WHICH VOLUNTARY TAX IS DEDUCTED.	
3	3	CVED	CURRENT VOLUNTARY TAX WITHHOLDING END DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION MONTH AND YEAR (MMYY) OF CURRENT VOLUNTARY TAX WITHHOLDING END DATE. THE OPERATING MONTH/YEAR THAT VOLUNTARY TAX WAS STOPPED BECAUSE THE ONGOING BENEFIT WAS STOPPED DUE TO SUSPENSION, TERMINATION OR DEFERRAL.	
6	3	CVWA	CURRENT ONGOING VOLUNTARY TAX WITHHOLDING AMOUNT	PACKED
			MONEY-FORMAT $$$$C	
			DESCRIPTION THE AMOUNT OF THE VOLUNTARY TAX BEING WITHHELD FROM THE ONGOING BENEFIT AMOUNT.	
9	4	CVTXA	CURRENT ONGOING VOLUNTARY TAX WITHHOLDING TAXABLE AMOUNT	PACKED
			MONEY-FORMAT $$$$$$C	
			DESCRIPTION THE ONGOING TAXABLE BENEFIT AMOUNT TO WHICH A VTW TAX RATE IS APPLIED TO CALCULATE THE CURRENT ONGOING VOLUNTARY TAX WITHHOLDING AMOUNT (CVWA).	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	28	VTRQ	VOLUNTARY TAX REQUEST DATA	GROUP

DESCRIPTION
VTRQ IS A COMPLETE REPLACEMENT FIELD. THIS FIELD CAN OCCUR UP TO 25 TIMES. THE NUMBER OF OCCURRENCES IS INDICATED IN NVTRQ (NUMBER OF VOLUNTARY TAX REQUEST DATA FIELDS.) ACTIVATED 1/99.

0	3	VREQ	VOLUNTARY TAX REQUEST CONTACT DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF VOLUNTARY TAX REQUEST CONTACT DATE IS THE DATE THAT A BENEFICIARY OR REPRESENTATIVE PAYEE CONTACTED SSA TO REQUEST VOLUNTARY TAX WITHHOLDING.

3	3	VTRPD	VOLUNTARY TAX REQUEST RUN PROCESSING DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF VOLUNTARY TAX REQUEST RUN PROCESSING DATE IS THE RUN PROCESSING DATE OF AN ACTION TAKEN TO EFFECTUATE A VOLUNTARY TAX WITHHOLDING REQUEST.

6	3	VCOM	VOLUNTARY TAX REQUEST CURRENT OPERATING MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH AND YEAR (MMYY) OF VOLUNTARY TAX REQUEST CURRENT OPERATION MONTH, WHICH IS THE CURRENT OPERATING MONTH OF THE RUN PROCESSING DATE ON WHICH ACTION WAS TAKEN TO EFFECTUATE A VOLUNTARY TAX WITHHOLDING REQUEST.

9	3	VSTRT	VOLUNTARY TAX REQUEST START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION MONTH AND YEAR (MMYY) OF VOLUNTARY TAX REQUEST START DATE, WHICH IS THE MONTH/YEAR THAT A BENEFICIARY OR REP PAYEE REQUESTS VOLUNTARY TAX WITHHOLDING TO BEGIN.	
12	2	VRATE	VOLUNTARY TAX PERCENTAGE RATE	PACKED
			MONEY-FORMAT CCC	
			DESCRIPTION THE VOLUNTARY TAX PERCENTAGE RATE AT WHICH THE BENEFICIARY OR REPRESENTATIVE PAYEE REQUESTS TAXES TO BE WITHHELD. POSSIBLE VALUES: .00, .07, .15, .28, .31	
14	1	VTYPE	VOLUNTARY TAX REQUEST TYPE	CHARACTER
			DESCRIPTION THE REASON FOR THE REQUEST FOR A VOLUNTARY TAX WITHHOLDING ACTION.	
			POSSIBLE-VALUES B - BENEFICIARY/REPRESENTATIVE PAYEE REQUEST M - MASS IRS PERCENTAGE RATE CHANGE R - RESUMPTION AFTER TITLE II TERMINATION T - TITLE II TERMINATION	
15	4	VFLAT	VOLUNTARY TAX FLAT AMOUNT	PACKED
			MONEY-FORMAT $$$$$$C	
			DESCRIPTION THE AMOUNT A BENEFICIARY OR REP PAYEE SPECIFIES AS THE AMOUNT TO BE WITHHELD FOR VOLUNTARY TAX WITHHOLDING PURPOSES. (THIS ELEMENT IS FOR FUTURE USE.).	
19	4	VMIN	VOLUNTARY TAX MINIMUM AMOUNT	PACKED
			MONEY-FORMAT $$$$$$C	
			DESCRIPTION THE MINIMUM AMOUNT THAT MAY BE WITHHELD FROM A PAYABLE BENEFIT FOR VOLUNTARY TAX WITHHOLDING PURPOSES.	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			(THIS ELEMENT IS FOR FUTURE USE.).	
23	4	VMAX	VOLUNTARY TAX MAXIMUM AMOUNT	PACKED
			MONEY-FORMAT $$$$$$C	
			DESCRIPTION THE MAXIMUM AMOUNT THAT MAY BE WITHHELD FROM A PAYABLE BENEFIT FOR VOLUNTARY TAX WITHHOLDING PURPOSES. (THIS ELEMENT IS FOR FUTURE USE.).	
27	1	VSRC	VOLUNTARY TAX REQUEST SOURCE TYPE	CHARACTER
			DESCRIPTION THE METHOD A BENEFICIARY OR REP PAYEE USED TO COMMUNICATE A REQUEST TO SSA. (THIS ELEMENT IS FOR FUTURE USE.)	
			POSSIBLE-VALUES A - BENEFICIARY MAIL B - BENEFICIARY WALK-IN C - BENEFICIARY TELEPHONE D - REP PAYEE MAIL E - REP PAYEE WALK-IN F - REP PAYEE TELEPHONE	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	18	HI	HOSPITAL INSURANCE DATA	GROUP

DESCRIPTION
HOSPITAL INSURANCE GROUP.
MAXIMUM OF 10 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF HI ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY HI-BASIS (E-D-W-A).
IF HI-BASIS IS THE SAME THOSE FIELDS SHOULD
THEN BE SEQUENCED BY HI-FILING DATE.
ACTIVATED 7/99.

0	3	HI-START	HOSPITAL INSURANCE ENROLLMENT START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF A PERIOD OF HOSPITAL INSURANCE COVERAGE.

3	3	HI-TERM	HOSPITAL INSURANCE TERMINATION MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE IN WHICH THE TERMINATION OF THE PERIOD OF
HOSPITAL INSURANCE COVERAGE IS EFFECTIVE

6	1	HI-BASIS	HOSPITAL INSURANCE BASIS TYPE	CHARACTER

DESCRIPTION
BASIS FOR HOSPITAL INSURANCE COVERAGE
MANDATORY ENTRY - BLANK NOT VALID

POSSIBLE-VALUES
A - AGE
D - DISABILITY
E - END-STAGE RENAL
W - WORKING DISABLED INDIVIDUAL

7	1	HI-TYPE	HOSPITAL INSURANCE TYPE	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION TYPE OF HOSPITAL INSURANCE COVERAGE POSSIBLE-VALUES F - FREE P - PREMIUM MANDATORY ENTRY - BLANK NOT VALID	
8	1	HI-PERIOD	HOSPITAL INSURANCE ENROLLMENT PERIOD TYPE	CHARACTER
			DESCRIPTION TYPE OF ENROLLMENT PERIOD IN WHICH HOSPITAL INSURANCE COVERAGE ESTABLISHED POSSIBLE-VALUES D - IEP BASED ON SAME OR RELATED DIB IMPAIRMENT G - GEP I - IEP N - NOT WITHIN ANY ENROLLMENT PERIOD Q - QMB ENROLLMENT R - REINSTATED FOLLOWING APPEAL S - SEP T - TRANSFER U - UNKNOWN (FOR CONV. CASES ONLY) X - ENROLLMENT IS BASED ON ENTITLEMENT TO EBO PROVISIONAL PAYMENTS (IMPLEMENTED 2/01) W - NO MEDICARE WAITING PERIOD (IMPLEMENTED 7/01) BLANK - DEFAULT VALUE	
9	3	HI-FILING	HI FILING MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION DATE OF FILING OR SYSTEMS AUTOMATED SELECTION FOR HI COVERAGE MANDATORY ENTRY - ZEROES NOT VALID	
12	1	HI-DELAYRSN	HI DELAYED ENROLLMENT REASON TYPE	CHARACTER
			DESCRIPTION REASON PERIOD OF HI BEGINS LATER THAN EXPECTED POSSIBLE-VALUES N - NH DATE OF DEATH A - NH AGE 62	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			C - CLIENT REQUEST/CHOICE I - INSURED STATUS REQUIREMENTS L - LATE FILING R - RESIDENCY REQUIREMENTS S - STATE BUY-IN U - UNKNOWN (FOR CONV. CASES ONLY) X - RELATIONSHIP START BLANK- DEFAULT VALUE	
13	1	HI-NONCOVRSN	HOSPITAL INSURANCE NON COVERAGE REASON TYPE	CHARACTER
			DESCRIPTION REASON A PERIOD OF HI COVERAGE IS NOT IN EFFECT POSSIBLE-VALUES A - AGE 65 CONVERSION C - DIB CESS D - DENIED I - INVALID ENROLLMENT Q - UNINSURED TO INSURED R - REFUSAL N - NO LONGER RENAL P - PREMIUM NON PAYMENT U - UNKNOWN (FOR CONV. CASES ONLY) V - VOIDED ENROLLMENT W - ENROLLMENT WITHDRAWAL S - NO SMI COVER T - T2 TERM X - WITHDRAW APPL BLANK- DEFAULT VALUE	
14	1	HI-EQRELIEF	HOSPITAL INSURANCE EQUITABLE RELIEF STATUS	CHARACTER
			DESCRIPTION STATUS OF WHETHER EQUITABLE RELIEF APPLIES TO A PERIOD OF HOSPITAL INSURANCE COVERAGE POSSIBLE-VALUES W - WAIVED G - GRANTED C - CHANGE ELIGIBILITY FACTOR TO LATER DATE BLANK- DEFAULT VALUE	
15	3	HI-NONEQRELST	HI NON-EQUITABLE RELIEF START MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

DESCRIPTION
FIRST POSSIBLE MONTH OF HI COVERAGE AS OF WHEN
THE EQUITABLE RELIEF DECISION WAS MADE.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	HIPR	HI PREMIUM HISTORY DATA	GROUP

DESCRIPTION
HI PREMIUM HISTORY DATA GROUP.
MAXIMUM OF 6 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF HIPR ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY HIPR-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	HIPR-START	HOSPITAL INSURANCE PREMIUM HISTORY START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST DATE AN ENTRY IN HI PREMIUM HISTORY IS EFFECTIVE.
MANDATORY ENTRY - ZEROES NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	2	HIPR-BRM	HOSPITAL INSURANCE PREMIUM HISTORY PREMIUM RATE MULTIPLIER	PACKED

DESCRIPTION
DEFINITION
MULTIPLICATION FACTOR APPLIED AGAINST PREMIUM HI BASE
RATE AMOUNT.
MANDATORY ENTRY - ZEROES NOT VALID

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	15	HIRE	HI PREMIUM REDUCTION DATA	GROUP

DESCRIPTION
HI PREMIUM REDUCTION DATA GROUP.
MAXIMUM OF 2 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF HIRE ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY HIRE-START.
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	HIRE-HAS30QTR	HI PREMIUM REDUCTION ATTAINMENT MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE A PERSON OR PERSON'S SPOUSE EARNS THE 30TH QUARTER
OF COVERED EARNINGS.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	HIRE-STOP	HI PREMIUM REDUCTION STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST DATE THE HI PREMIUM REDUCTION APPLIES.

6	9	HIRE-30QTRSSN	HI PREMIUM REDUCTION EARNINGS OWNER SSN	CHARACTER

DESCRIPTION
SSN OF THE EARNINGS OWNER ON WHOSE ACCOUNT THE 30
QUARTERS OF COVERAGE WERE EARNED
MANDATORY ENTRY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	HITP	HI THIRD PARTY DATA	GROUP

DESCRIPTION
HI THIRD PARTY DATA.
MAXIMUM OF 10 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF HITP ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY HITP-START.
IN ASCENDING DATE ORDER.
IF THE HITP-START IS EQUAL IN MORE THAN 1 OCCURRENCE
THOSE FIELDS SHOULD BE SEQUENCED BY HITP-CODE IN
ALPHA/NUMERIC SEQUENCE
ACTIVATED 7/99.

0	3	HITP-START	HI THIRD PARTY START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST DATE FOR WHICH THE THIRD PARTY IS RESPONSIBLE
FOR PAYING THE HI PREMIUM.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	HITP-STOP	HI THIRD PARTY STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST DATE IN WHICH THIRD PARTY HAS RESPONSIBILITY.

6	3	HITP-CODE	HOSPITAL INSURANCE THIRD PARTY IDENTIFICATION CODE	CHARACTER

DESCRIPTION
IDENTIFICATION CODE OF A MEDICARE THIRD PARTY
MANDATORY ENTRY - BLANK NOT VALID

POSSIBLE-VALUES
S01 THRU S99 - STATE BILLING
T01 THRU Z98 - PRIVATE THIRD PARTY BILLING
Z99 - CONDITIONAL STATE GROUP - PAYER
ENROLLMENT

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
9	1	HITP-CATEGORY	HOSPITAL INSURANCE THIRD PARTY CATEGORY TYPE	CHARACTER

DESCRIPTION
CATEGORY OF A HOSPITAL INSURANCE THIRD PARTY

POSSIBLE-VALUES
P - PRIVATE
Q - QMB CONDITIONAL
S - STATE BILLING
MANDATORY ENTRY - BLANK NOT VALID

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	17	SMI	SUPPLEMENTAL MEDICAL INSURANCE	GROUP

DESCRIPTION
SUPPLEMENTAL MEDICAL INSURANCE
MAXIMUM OF 20 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF SMI ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY SMI-BASIS(E-D-W-A).
IF SMI-BASIS IS THE SAME THOSE FIELDS SHOULD
THEN BE SEQUENCED BY SMI-FILING DATE.
ACTIVATED 7/99.

0	3	SMI-START	SMI ENROLLMENT EFFECTIVE MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE OF ENROLLMENT FOR A PERIOD OF SMI COVERAGE
(THE FIRST MONTH OF COVERAGE).

3	3	SMI-TERM	SMI TERMINATION MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE IN WHICH THE TERMINATION OF THIS PERIOD OF SMI
COVERAGE IS EFFECTIVE. THE FIRST MONTH
OF NON-COVERAGE.

6	1	SMI-BASIS	SMI BASIS TYPE	CHARACTER

DESCRIPTION
BASIS FOR HAVING SMI COVERAGE
MANDATORY ENTRY - BLANK NOT VALID

POSSIBLE-VALUES
A - AGE
D - DISABILITY
E - END-STAGE RENAL
W - WORKING DISABLED INDIVIDUAL

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
7	1	SMI-PERIOD	SUPPLEMENTAL MEDCIAL INSURANCE ENROLLMENT PERIOD TYPE	CHARACTER

DESCRIPTION
TYPE OF ENROLLMENT PERIOD IN WHICH SMI COVERAGE
WAS ESTABLISHED OR REQUESTED

POSSIBLE-VALUES
A - AEP
D - IEP SAME/RELTD
G - GEP
I - IEP
N - NOT ANY ENROLLMENT PERIOD
Q - QMB ENROLLMENT
R - REINSTATED FOLLOWING APPEAL
S - SEP
U - UNKNOWN (FOR CONV. CASES ONLY)
X - ENROLLMENT IS BASED ON ENTITLEMENT TO EBO PROVISIONAL PAYMENTS (IMPLEMENTED 2/01)
BLANK - EMPTY VALUE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
8	3	SMI-FILING	SMI FILING MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE OF FILING OR SYSTEMS AUTOMATED SELECTION
FOR SMI COVERAGE
MANDATORY ENTRY - ZEROES NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
11	1	SMI-DELAYRSN	SUPPLEMENTAL MEDICAL INSURANCE DELAYED ENROLLMENT REASON TYPE	CHARACTER

DESCRIPTION
REASON THE PERIOD OF SMI COVERAGE BEGINS LATER THAN
EXPECTED BASED ON THE CLIENT'S ENTITLEMENT FACTORS.

POSSIBLE-VALUES
C - CLIENT REQUEST/CHOICE
G - GOOD CAUSE
M - CONCURRENT SMI ENTITLEMENT TO MULTIPLE SMI BASIS TYPES ON THE SAME SSN (EXAMPLE: DIB AND ESRD)
R - RESIDENCY
S - STATE BUY-IN
U - UNKNOWN (FOR CONV. CASES ONLY)
W - SMI ESTABLISHED BASED ON STATE BUY-IN WHICH WAS LATER DELETED DUE TO PW (PUBLIC WELFARE) ANNULMENT

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BLANK- DEFAULT VALUE	
12	1	SMI-NONCOVRSN	SUPPLEMENTAL MEDICAL INSURANCE NON COVERAGE REASON TYPE	CHARACTER
			DESCRIPTION REASON A PERIOD OF SMI COVERAGE IS NOT IN EFFECT	
			POSSIBLE-VALUES A - AGE 65 CONVERSION C - DIB CESS D - DENIED I - INVALID ENROLLMENT R - REFUSAL N - NO LONGER RENAL P - PREMIUM NON PAYMENT U - UNKNOWN (FOR CONV. CASES ONLY V - VOIDED ENROLLMENT W - ENROLLMENT WITHDRAWAL H - NO HI COVERAGE X - CLAIM WITHDRAWN FOR APPLICATION BLANK- DEFAULT VALUE	
13	1	SMI-EQRELIEF	SUPPLEMENTAL MEDICAL INSURANCE EQUITABLE RELIEF STATUS	CHARACTER
			DESCRIPTION STATUS OF WHETHER EQUITABLE RELIEF MAY APPLY OR BEEN GRANTED FOR A PERIOD OF SUPPLEMENTAL MEDICAL INSURANCE COVERAGE	
			POSSIBLE-VALUES G - GRANTED W - WAIVED C - CHANGE ELIGIBILITY FACTOR TO LATER DATE BLANK- DEFAULT VALUE	
14	3	SMI-NONEQRELST	SUPPLEMENTAL MEDICAL INSURANCE NON EQUITABLE RELIEF START MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION THE DATE THAT WOULD HAVE BEEN THE FIRST MONTH OF SMI COVERAGE IF EQUITABLE RELIEF HAD NOT BEEN APPLIED.	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	SMPR	SMI PREMIUM HISTORY DATA - GROUP	GROUP

DESCRIPTION
SMI PREMIUM HISTORY.
MAXIMUM OF 13 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF SMPR ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY SMPR-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	SMPR-START	SMI PREMIUM HISTORY START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH AN ENTRY IN SMI PREMIUM HISTORY IS IN EFFECT
MANDATORY ENTRY - ZEROES NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	2	SMPR-BRM	SMI PREMIUM HISTORY PREMIUM RATE MULTIPLIER	PACKED

DESCRIPTION
DEFINITION
MULTIPLICATION FACTOR APPLIED AGAINST THE SMI BASE
RATE AMOUNT.
MANDATORY ENTRY - ZEROES NOT VALID

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	12	SMTP	SMI THIRD PARTY DATA	GROUP

DESCRIPTION
SMI THIRD PARTY DATA
MAXIMUM OF 26 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF SMTP ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY SMTP-START
IN ASCENDING DATE ORDER.
IF SMTP-START IS EQUAL IN MORE THAN 1 OCCURRENCE
THEN THOSE FIELDS SHOULD BE SEQUENCED BY SMTP-CODE
IN ALPHA/NUMERIC SEQUENCE.
ACTIVATED 7/99.

0	3	SMTP-START	SMI THIRD PARTY START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH THE THIRD PARTY IS RESPONSIBLE FOR PAYING
THE PREMIUM FOR A PERIOD OF SMI COVERAGE.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	SMTP-STOP	SMI THIRD PARTY STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH IN WHICH THE THIRD PARTY HAS RESPONSIBILITY
FOR THE SMI PREMIUM.

6	3	SMTP-CODE	SMI THIRD PARTY IDENTIFICATION CODE	CHARACTER

DESCRIPTION
IDENTIFICATION CODE OF A SMI THIRD PARTY
MANDATORY ENTRY - ZEROES NOT VALID

POSSIBLE-VALUES
A01 THRU R99 - PRIVATE THIRD PARTY BILLING
010 THRU 650 - STATE BILLING
700 - CIVIL SERVICE BILLING

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
9	1	SMTP-CATEGORY	SMI THIRD PARTY CATEGORY TYPE	CHARACTER

DESCRIPTION
CATEGORY OF A SMI THIRD PARTY

POSSIBLE-VALUES
C - CIVIL SERVICE
P - PRIVATE THIRD PARTY
S - STATE BILLING
MANDATORY ENTRY - BLANK NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	2	SMTP-BRM	SUPPLEMENTAL MEDICAL INSURANCE THIRD PARTY RATE MULTIPLIER	PACKED

DESCRIPTION
DEFINITION
MULTIPLICATION FACTOR APPLIED AGAINST THE BASE RATE
TO DETERMINE THE MEDICARE PREMIUM RATE FOR WHICH THE
THIRD PARTY HAS RESPONSIBILITY.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	8	VSMI	VARIABLE SMI PREMIUM DATA	GROUP

DESCRIPTION
VARIABLE SMI PREMIUM DATA

MAXIMUM OF 24 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF VSMI ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY VSMI-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	VSMI-START	VARIABLE SMI PREMIUM START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH THE VARIABLE SMI PREMIUM IS IN EFFECT.
MANDATORY ENTRY - ZEROES NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	VSMI-TERM	VARIABLE SMI PREMIUM STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE MONTH IN WHICH THE TERMINATION OF THIS PERIOD
OF VSMI IS EFFECTIVE.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	2	VSMI-PREMIUM	VARIABLE SMI PREMIUM AMOUNT	PACKED

MONEY-FORMAT
$$C

DESCRIPTION
AMOUNT OF THE VARIABLE SMI PREMIUM NOT INCLUDING
PENALTY - CAN BE 00V0
MANDATORY ENTRY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	7	CATA	SMI RATE CATASTROPHIC DATA - GROUP	GROUP

DESCRIPTION
SMI RATE CATASTROPHIC.
MAXIMUM OF 9 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF CATA ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY CATA-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	CATA-START	SMI RATE START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH AND YEAR THAT THE SMI RATE IS IN EFFECT.
MANDATORY ENTRY - ZEROES NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	CATA-STOP	SMI RATE STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH AND YEAR OF THE PERIOD DURING WHICH THE
SMI RATE IS IN EFFECT.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	CATA-RATETABLE	SUPPLEMENTAL MEDICAL INSURANCE RATE TABLE TYPE	CHARACTER

DESCRIPTION
TYPE OF RATE TABLE USED TO DETERMINE THE SMI PREMIUM.

POSSIBLE-VALUES
C - COMMONWEALTH
D - DOMESTIC NONFREE HI
P - PUERTO RICO
MANDATORY ENTRY - BLANK NOT VALID

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	DLYS	DIALYSIS DATA - GROUP	GROUP

DESCRIPTION
DIALYSIS.
MAXIMUM OF 3 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF DLYS ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY DLYS-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	DLYS-START	DIALYSIS START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) DIALYSIS BEGAN.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	DLYS-STOP	DIALYSIS STOP DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) DIALYSIS ENDED.

6	3	DLYS-TRAINST	DIALYSIS TRAINING START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) TRAINING FOR SELF-DIALYSIS
BEGAN.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	KDNY	KIDNEY TRANSPLANT DATA - GROUP	GROUP

DESCRIPTION
KIDNEY TRANSPLANT.
MAXIMUM OF 3 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF KDNY ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY KDNY-HOSPST
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	KDNY-HOSPST	KIDNEY TRANSPLANT HOSPITALIZATION START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF START OF
HOSPITALIZATION TO UNDERGO PROCEDURES PRELIMINARY
TO TRANSPLANT.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	KDNY-TRNSDATE	KIDNEY TRANSPLANT DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) OF KIDNEY TRANSPLANT.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	MRRJ	RAILROAD JURISDICTION DATA - GROUP	GROUP

DESCRIPTION
RAILROAD JURISDICTION.
MAXIMUM OF 3 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF MRRJ ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY MRRJ-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	MRRJ-START	MEDICARE RAILROAD JURISDICTION START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE FIRST MONTH OF A PERIOD OF RAILROAD JURISDICTION
FOR MEDICARE PURPOSES.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	MRRJ-STOP	MEDICARE RAILROAD JURISDICTION END MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE LAST MONTH OF A PERIOD OF RAILROAD JURISDICTION
FOR MEDICARE PURPOSES.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	8	RSDY	RESIDENCY DATA - GROUP	GROUP
			DESCRIPTION RESIDENCY DATA. MAXIMUM OF 3 OCCURRENCES. THIS GROUP WILL BE UPDATED TO THE MBR AS COMPLETE REPLACEMENT AND WILL BE DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE OF RSDY ASTERISK-FILLED. MULTIPLE OCCURRENCES SHOULD BE SEQUENCED BY RSDY-START IN ASCENDING DATE ORDER. ACTIVATED 7/99.	
0	3	RSDY-START	RESIDENCY START DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) THAT THE CLIENT ESTABLISHED RESIDENCY IN A PARTICULAR COUNTRY. MANDATORY ENTRY - ZEROES NOT VALID	
3	3	RSDY-STOP	RESIDENCY STOP DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION MONTH, DAY AND YEAR (MMDDYY) THAT THE CLIENT TERMINATED RESIDENCE IN A PARTICULAR COUNTRY.	
0				
6	2		FILLER	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	GHP	GROUP HEALTH PLAN DATA - GROUP	GROUP

DESCRIPTION
GROUP HEALTH PLAN.
MAXIMUM OF 13 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF GHP ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY GHP-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	GHP-START	GROUP HEALTH PLAN START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE FIRST MONTH/YEAR OF COVERAGE UNDER A GROUP HEALTH
PLAN OR LARGE GROUP HEALTH PLAN.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	GHP-STOP	GROUP HEALTH PLAN STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE LAST MONTH/YEAR OF COVERAGE UNDER A GROUP HEALTH
PLAN OR LARGE GROUP HEALTH PLAN.

6	3	GHP-EMPSTART	GROUP HEALTH PLAN EMPLOYMENT START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE FIRST MONTH, DAY AND YEAR (MMDDYY) OF THE
EMPLOYMENT ON WHICH GROUP HEALTH PLAN COVERAGE IS BASED.
MANDATORY ENTRY - ZEROES NOT VALID

9	3	GHP-EMPSTOP	GROUP HEALTH PLAN EMPLOYMENT STOP DATE	PACKED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION THE LAST MONTH, DAY AND YEAR (MMDDYY) OF THE EMPLOYMENT ON WHICH GROUP HEALTH PAN COVERAGE IS BASED.	
12	1	GHP-TYPE	GROUP HEALTH PLAN TYPE	CHARACTER
			DESCRIPTION USED TO DISTINGUISH BETWEEN REGULAR EMPLOYER HEALTH PLANS AND LARGE GROUP HEALTH PLANS. POSSIBLE-VALUES 1 - GROUP HEALTH PLAN 2 - LARGE GROUP HEALTH PLAN BLANK- DEFAULT VALUE	
13	3	GHP-EMPRNOTIFY	GROUP HEALTH PLAN EMPLOYER NOTIFICATION DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION THE MONTH, DAY AND YEAR (MMDDYY) THE EMPLOYER NOTIFIED THE ENROLLEE THAT THE GROUP HEALTH PLAN WILL NO LONGER BE THE PRIMARY PAYER	
16	3	GHP-PRIMARYEFF	GROUP HEALTH PLAN MEDICARE PRIMARY EFFECTIVE DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION THE MONTH, DAY AND YEAR (MMDDYY) THAT MEDICARE BECOMES THE PRIMARY PAYER. DATE CAN BE PRIOR TO EMPLOYER NOTIFICATION DATE.	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	MHCR	MANAGED HEALTH CARE DATA - GROUP	GROUP

DESCRIPTION
MANAGED HEALTH CARE.
MAXIMUM OF 3 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF MHCR ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY MHCR-START
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	MHCR-START	MANAGED HEALTH CARE START MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE FIRST MONTH OF COVERAGE UNDER A MANAGED HEALTH
CARE PLAN.
MANDATORY ENTRY - ZEROES NOT VALID

3	3	MHCR-STOP	MANAGED HEALTH CARE STOP MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE LAST MONTH OF COVERAGE UNDER A MANAGED HEALTH
CARE PLAN.

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	18	MCR	MEDICARE+CHOICE REDUCTION DATA	GROUP
			DESCRIPTION MEDICARE+CHOICE REDUCTION MAXIMUM OF 20 OCCURRENCES.	
0	3	MCR-START	MEDICARE + CHOICE REDUCTION START MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION THE FIRST MONTH A REDUCTION APPLIES BASED ON A BENEFICIARY'S PARTICIPATION IN THE MEDICARE +CHOICE PLAN. MANDATORY ENTRY - ZEROES NOT VALID	
3	3	MCR-STOP	MEDICARE+ CHOICE REDUCTION STOP MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION THE LAST MONTH A REDUCTION APPLIES BASED ON A BENEFICARY'S PARTICIPATION IN THE MEDICARE+CHOICE PLAN.	
6	8	MCR-CODE	MEDICARE + CHOICE REDUCTION ORGANIZATION CODE	CHARACTER
			DESCRIPTION THE CODE OF THE MEDICARE + CHOICE ORGANIZATION THAT OFFERS A REDUCED PART B RATE.	
14	4	MCR-AMOUNT	MCR-AMOUNT	PACKED
			MONEY-FORMAT $$$$CC	
			DESCRIPTION REPRESENTS THE AMOUNT OF THE PART B PREMIUM REDUCTION BASED ON A BENEFICIARY'S PARTICIPATION IN THE MEDICARE + CHOICE PLAN THAT APPLIES TO THE PERIOD BEGINNING WITH THE MCR-START	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	CTZN	CITIZENSHIP DATA - GROUP	GROUP

DESCRIPTION
CITIZENSHIP DATA.
MAXIMUM OF 3 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF CTZN ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY CTZN-START.
IN ASCENDING DATE ORDER.
ACTIVATED 7/99'

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	CTZN-START	CITIZENSHIP START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE FIRST MONTH, DAY AND YEAR (MMDDYY) OF A CLIENT'S
CITIZENSHIP TO A PARTICULAR COUNTRY.
MANDATORY ENTRY - ZEROES NOT VALID

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	CTZN-STOP	CITIZENSHIP STOP DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) CITIZENSHIP ENDED.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	2	CTZN-COUNTRY	CITIZENSHIP COUNTRY CODE	CHARACTER

DESCRIPTION
THE CLIENTS COUNTRY OF CITIZENSHIP

POSSIBLE-VALUES
ALL VALID COUNTRY CODES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
8	1	CTZN-USPROOF	CITIZENSHIP US PROOF INDICATOR	CHARACTER

DESCRIPTION
USPROOF IS CONDITIONAL BASED ON THE COUNTRY OF CITIZENSHIP
EQUALING US. THE VALUE MUST BE 'Y' 'N' OR 'C' FOR ITERATIONS

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			OF CTZN WITH COUNTRY = US. WHEN THE COUNTRY IS EQUAL TO ANYTHING OTHER THAN US, BLANKS ARE VALID IN THE USPROOF FIELD	

POSSIBLE-VALUES
- N - NOT PROVEN
- Y - PROVEN
- C - PRESUMED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	LWPR	LAWFUL PRESENCE DATA	GROUP

DESCRIPTION
LAWFUL PRESENCE DATA.
MAXIMUM OF 10 OCCURRENCES.
THIS GROUP WILL BE UPDATED TO THE MBR
AS COMPLETE REPLACEMENT AND WILL BE
DELETED WHEN THE PUT CONTAINS 1 OCCURRENCE
OF LWPR ASTERISK-FILLED. MULTIPLE OCCURRENCES
SHOULD BE SEQUENCED BY LWPR-START.
IN ASCENDING DATE ORDER.
ACTIVATED 7/99.

0	3	LWPR-START	LAWFUL PRESENCE EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) WHEN THE
LAWFUL PRESENCE STATUS BECAME EFFECTIVE
MANDATORY ENTRY - ZEROES NOT VALID

3	3	LWPR-STOP	LAWFUL PRESENCE STOP DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MONTH, DAY AND YEAR (MMDDYY) LAWFUL PRESENCE ENDED.

6	1	LWPR-PROOF	LAWFUL PRESENCE PROOF INDICATOR	CHARACTER

DESCRIPTION
INDICATES WHETHER LAWFUL PRESENCE STATUS HAS BEEN PROVEN.

POSSIBLE-VALUES
BLANK - EMPTY VALUE
N - NO
Y - YES

7	1	LWPR-STATUS	LAWFUL PRESENCE STATUS OF A NON-US CITIZEN	CHARACTER

DESCRIPTION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			THE STATUS OF WHETHER A NON-CITIZEN HAS BEEN LAWFULLY MANDATORY POSSIBLE-VALUES L - LAPR O - OTHER THAN LAPR R - NEEDS REVERIFICATION N - NOT LAPR	
8	1	LWPR-USPRESNC	LAWFUL PRESENCE IN THE US INDICATOR DESCRIPTION LAWFUL PRESENCE IN THE US INDICATOR POSSIBLE-VALUES Y - PRESENT IN THE US N - NOT PRESENT IN THE US BLANK- DOES NOT APPLY	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	32	BCLM	BENEFICIARY CLAIM DATA	GROUP
			DESCRIPTION BENEFICIARY CLAIM DATA MAXIMUM OF 30 OCCURRENCES.	
0	3	BCLM-DOE-START-REL	HISTORICAL DATE OF ENTITLEMENT START	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION FIRST MONTH OF ENTITLEMENT IN THIS ITERATION OF BCLM DATA MANDATORY	
3	3	BCLM-DOF-REL-D	APPLICATION FILING DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE DATE THAT THE BENEFICIARY FILED APPLICATION FOR BENEFITS MANDATORY	
6	3	BCLM-APPRECPT-REL-D	APPLICATION RECEIPT DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE DATE THAT THE APPLICATION FOR BENEFITS IS RECEIVED	
9	2	BCLM-BIC	BIC - POSITION ONE AND TWO	CHARACTER
			DESCRIPTION BIC - POSITION ONE AND TWO MANDATORY	
11	1	BCLM-BIC-OPEN	BIC - POSITION THREE OPEN	CHARACTER
12	1	BCLM-CEC	HISTORICAL CURRENT ENTITLEMENT CODE	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES B = DISABLED F = FAVORABLE DETERMINATION FOLLOWING PROVISIONAL PAYMENTS BENEFIT CONTINUATION P = PROVISIONAL PAYMENTS S = SCHOOL CHILD BLANK = NO CONDITIONS APPLY	
13	3	BCLM-CERTELEC-REL	HISTORICAL CURRENT ENTITLEMENT CODE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION ELECTED MONTH TO RECEIVE REDUCED BENEFITS	
16	1	BCLM-MOE-CODE	BENEFICIARY ENTITLEMENT MONTH OF ENTITLEMENT CODE	CHARACTER
			DESCRIPTION INDICATES THE MONTH OF ENTITLEMENT TYPE POSSIBLE-VALUES A - BENEFICIARY CHOSE THE MOST ADVANTAGEOUS MOE B - BENEFICIARY CHOSE THE EARLIEST POSSIBLE MOE WITHOUT REDUCTION C - BENEFICIARY SELECTED THE MONTH OF ENTITLEMENT D - THIS IS AN UNREDUCED BENEFICIARY E - AUX DIB SPOUSE WHO IS BETWEEN AGE 61 AND 9 MONTHS AND AGE 66 AT THE TIME OF FILING AND HAS A CHILD-IN-CARE AND HAS THE SAME DOE AS THE NUMBER HOLDER BLANK - DOES NOT APPLY	
17	2	BCLM-LMETY-REL-Y	LAST MONTHLY EARNINGS TEST YEAR	PACKED
			DATE-FORMAT PACKED,YEARS REL-1800 DESCRIPTION LAST MONTHLY EARNINGS TEST YEAR	
19	1	BCLM-OTSID-MAX	BENEFICIARY ENTITLEMENT OUTSIDE THE MAX INDICATOR	CHARACTER
			DESCRIPTION OUTSIDE THE MAX INDICATOR POSSIBLE-VALUES	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			Y - BENEFICIARY'S RATES ARE NOT SUBJECT TO THE FAMILY MAXIMUM DURING THIS PERIOD OF ENROLLMENT BLANK - DOES NOT APPLY	
20	2	BCLM-ORF	ORIGINAL REDUCTION FACTOR MONTHS	PACKED
			DESCRIPTION CONTAINS THE NUMBER OF ORIGINAL REDUCTION FACTOR MONTHS POSSIBLE-VALUES 0 - 204	
22	2	BCLM-ARF-60	ADJUSTED RETIREMENT FACTOR MONTHS BETWEEN AGES 50 AND 60	PACKED
			DESCRIPTION CONTAINS THE NUMBER OF ADJUSTED RETIREMENT FACTOR MONTHS BETWEEN AGES 50 AND 60 POSSIBLE-VALUES 0 - 120	
24	2	BCLM-ARF-62	ADJUSTED RETIREMENT FACTOR MONTHS BETWEEN AGES 60 - 62	PACKED
			DESCRIPTION CONTAINS THE NUMBER OF ADJUSTED RETIREMENT FACTOR MONTHS BETWEEN AGE 60 AND AGE 62 POSSIBLE-VALUES 0 - 24	
26	2	BCLM-ARF-FRA	ADJUSTED RETIREMENT FACTOR MONTHS BETWEEN AGE 62 AND FULL RETIREMENT AGE	PACKED
			DESCRIPTION CONTAINS THE NUMBER OF ADJUSTED RETIREMENT FACTOR MONTHS BETWEEN 62 AND FULL RETIREMENT AGE (FRA) POSSIBLE-VALUES 0 - 60	
28	3	BCLM-DOETERM-REL	HISTORICAL DATE OF ENTITLEMENT TERMINATION	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION TERMINATION MONTH FOR ENTITLEMENT BASED ON THIS ITERATION OF BCLM DATA	
31	1	BCLM-CONV	BCLM DATA OCCURRENCE	CHARACTER
			DESCRIPTION BCLM DATA OCCURRENCE UPDATED BY MBR CONVERSION POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK = THE DATA GROUP WAS NOT BUILT AS PART OF THE CONVERSION OR THE INDICATOR WAS TURNED OFF WITH THE UPDATE OF INPUT DATA AFTER THE CONVERSION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	8	LUS	LEFT U.S. SUSPENSION DATA	GROUP

DESCRIPTION
DATA ABOUT PERIODS WHEN NON-US CITIZENS DID NOT RESIDE IN THE US. DATA IS ONLY COLLECTED FOR BENES WHO MAY BE SUBJECT TO SUSPENSION UNDER ALIEN NON-PAYMENT PROVISIONS (EXEMPTION BASED ON 202(T) EXCEPTION DOES NOT APPLY) MAXIMUM OF 20 OCCURRENCES.

0	3	LUS-LEFTUS-REL-D	LEFT US DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
MANDATORY

3	3	LUS-RTN2US-REL-D	LEFT US RETURN TO US DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE DATE THAT THE ALIEN BENEFICIARY RETURNED TO UNITED STATES

6	1	LUS-RTN2USIND	LEFT US RETURN TO US INDICATOR	CHARACTER

DESCRIPTION
INDICATOR THAT BENEFICIARY HAS MET CONDITION FOR BENEFIT REINSTATEMENT

POSSIBLE-VALUES
1 = 1 DAY VISIT WITHIN 30 DAYS
3 = 30 CONSECUTIVE DAYS
F = FULL CALENDAR MONTH
BLANK = DOES NOT APPLY

7	1	LUS-NHDEPORT	LEFT US NUMBER HOLDER DEPORTATION INDICATOR	CHARACTER

DESCRIPTION
SUPPORTS CORRECT SUSPENSION MONTHS FOR AUXILIARY BENEFICIARIES

POSSIBLE-VALUES
Y = NUMBER HOLDER DEPORTED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BLANK = NUMBER HOLDER NOT DEPORTED OR DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	14	NUS	NON U.S. CITIZEN DATA	GROUP

DESCRIPTION
DOCUMENTS 202(T) EXCEPTION STATUS FOR NON US CITIZENS RESIDING OUTSIDE US
MAXIMUM OF 30 OCCURRENCES.

0	3	NUS-ADOPTUSDT-REL-D	NON US CITIZEN ADOPTED IN US	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE DATE A NON-U.S. CITIZEN (ALIEN) IS ADOPTED IN THE U.S. AND THEREFORE MEETS THE SECOND TIER OF THE ALIEN NON PAYMENT PROVISION

3	3	NUS-5YRRESMTDT-REL-D	NON US CITIZEN MEETS 5 YEAR RESIDENCY REQUIREMENT	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE DATE A NON-US CITIZEN (ALIEN) MEETS THE 5 YEAR RESIDENCY REQUIREMENT AND THEREFORE MEETS THE SECOND TIER OF THE ALIEN NON-PAYMENT PROVISION

6	1	NUS-202TEXC	202(T) EXCEPTION CODE	CHARACTER

DESCRIPTION
CONDITION THAT IN COMBINATION WITH THE 5 YEAR RESIDENCY REQUIREMENT ALLOWS PAYMENTS TO ALIENS OUTSIDE THE U.S. REPRESENTS REASONS FOR EXEMPTION FROM ALIEN NONPAYMENT PROVISION. ALIEN NONPAYMENT PROVISION IS A LEGISLATIVE PROVISION THAT IS SEPARATE FROM NONRESIDENT ALIEN TAXATION. MANDATORY

POSSIBLE-VALUES
A - RESIDENT OF TOTALIZATION COUNTRY
B - CITIZEN OF TOTALIZATION COUNTRY
D - UNKNOWN, BEING DEVELOPED
0 - NO EXEMPTION APPLIES
2 - 12/56 ELIGIBILITY
3 - 10 YEARS U.S. RESIDENCE
4 - 40 QUARTERS OF COVERAGE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			5 - CITIZEN OF TREATY COUNTRY 6 - CITIZEN OF SOCIAL INSURANCE COUNTRY 7 - RAILROAD BOARD COVERAGE 8 - DEATH IN MILITARY SERVICE 9 - ACTIVE MILITARY SERVICE	
7	3	NUS-202TBGN-REL-D	202(T) EXCEPTION BEGIN DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE DATE THAT THE EXCLUSION CONDITION IS MET MANDATORY	
10	3	NUS-202TEND-REL-D	202(T) EXCEPTION END DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE DATE THAT THE EXCLUSION CONDITION CHANGES OR ENDS	
13	1	NUS-PRE85ELG	NON US CITIZEN PRE-1985 ELIGIBILITY INDICATOR	CHARACTER
			DESCRIPTION DOCUMENTATION THAT A SURVIVOR/AUXILLARY ELIGIBLE FOR SSA BENEFITS PRIOR TO 1985 (FOR PURPOSE OF DETERMINING SECOND YEAR FOR RESIDENCY TEST DOESN'T APPLY) PROVISION THAT IS SEPARATE FROM NONRESIDENT ALIEN TAXATION.	
			POSSIBLE-VALUES Y - SS ELIGIBLE PRE 1985 BLANK - WAS NOT ELIGIBLE PRIOR TO 1985 OR DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	14	BARD	BARRED COUNTRY DATA GROUP	GROUP
			DESCRIPTION BARRED COUNTRY DATA GROUP. MAXIMUM OF 5 OCCURRENCES.	
0	3	BARD-SUSPEFF-REL	BARRED COUNTRY SUSPENSION EFFECTIVE DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION FIRST MONTH OF BENEFIT SUSPENSION BASED ON RESIDENCE IN A BARRED COUNTRY	
3	3	BARD-ENDRES-REL	BARRED COUNTRY RESIDENCE END DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION LAST MONTH OF BARRED PAYMENT COUNTRY RESIDENCE	
6	3	BARD-RESUMREQ-REL	BARRED COUNTRY SUSPENSION RESUMPTION REQUEST DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS (REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION	
9	1	BARD-ENDRESRSN	BARRED COUNTRY END RESIDENCEE REASON	CHARACTER
			DESCRIPTION BARRED COUNTRY END RESIDENCE REASON CODE	
			POSSIBLE-VALUES B = BARRED COUNTRY RESIDENCE ENDED N = COUNTRY NO LONGER BARRED BLANK = DOES NOT APPLY	
10	3	BARD-CNTRYNM	BARRED COUNTRY NAME	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

DESCRIPTION
BARRED COUNTRY
MANDATORY

POSSIBLE-VALUES
550 = UZBEKISTAN
711 = ARMENIA (SSA BARRED)
716 = AZERBAIJAN
720,914 = CZECHOSLAVKIA (TREASURY BARRED)
727 = BELARUS
730 = GEORGIA
737 = CUBA
740 = KAZAKHSTAN
750 = KYRGYZSTAN
770 = MOLDAVIA
784 = TAJIKISTAN
790 = TURKMENISTAN
801 = UKRAINE
903 = BULGARIA (TREASURE BARRED)
906 = NORTH KOREA
908 = POLAND (TREASURY BARRED)
933 = KAMPUCHEA
938 = ROMANIA (TREASURY BARRED)
942 = ALBANIA (TREASURY BARRED)
944,932 = EAST GERMANY (TREASURY BARRED)
955 = HUNGARY (TREASURY BARRED)
962 = NORTH VIETNAM
973 = CHINA (TREASURY BARRED)
978 = U.S.S.R. (SSA BARRED)
989 = SOUTH VIETNAM
991 = LATVIA (SSA BARRED)
993 = LITHUANIA (SSA BARRED)
995 = ESTONIA (SSA BARRED)
UNK = UNKNOWN

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
13	1	BARD-RESTRSN	BARRED COUNTRY RESTRICTED REASON	CHARACTER

DESCRIPTION
BARRED COUNTRY RESTRICTED REASON
MANDATORY

POSSIBLE-VALUES
T-TREASURY
S-SSA

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	RQUD	RECONTACT DATA	GROUP

DESCRIPTION
RECONTACT DATA
MAXIMUM OF 5 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	1	RQUD-NOTICECD	NOTICE CODE	CHARACTER

DESCRIPTION
NOTICE CODE
MANDATORY

POSSIBLE-VALUES
I - INITIAL NOTICE
F - FINAL NOTICE
G - S9 SUSPENSION
D - T3 TERMINATION
U - SECOND UNDELIVERABLE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
1	3	RQUD-NOTICE-REL	NOTICE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE OF INITIAL OR FINAL NOTICE
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
4	3	RQUD-RESPRCD-REL	RESPONSE RECEIVED DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE RESPONSE TO A RECONTACT NOTICE EITHER INITIAL OR FINAL

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
7	3	RQUD-UNDELIV-REL	UNDELIVERABLE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE INDICATING INITIAL NOTICE OR RECONTACT NOTICE WAS
UNDELIVERABLE

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	3	RQUD-PROTMARR-REL	PROTECTED MARRIAGE DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE OF RECONTACT TERMINATED DUE TO A REPORT OF A PROTECTED MARRIAGE	
13	3	RQUD-S9SUSP-REL	S9 SUSPENSION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE BENEFICIARY WAS PLACED IN S9	
16	3	RQUD-T3TERM-REL	T3 TERMINATION DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE BENEFICIARY WAS PLACED IN T3	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	DPRT	DEPORTATION DATA GROUP	GROUP
			DESCRIPTION DEPORTATION DATA GROUP MAXIMUM OF 5 OCCURRENCES.	
0	3	DPRT-NOTIF-REL	DEPORTATION NOTIFICATION MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE SSA IS NOTIFIED OF DEPORTATION ACTION (SUSPENSION IS EFFECTIVE WITH DPRT-NOTIF + 1 MONTH) MANDATORY	
3	3	DPRT-RESUMREQ-REL	DEPORTATION RESUMPTION REQUEST DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS DUE TO THE FINDING OF ERRONEOUS SUSPENSION (REINSTATEMENT EFFECTIVE WITH THE FIRST SUSPENSION MONTH)	
6	3	DPRT-SUSPSTOP-REL	DEPORTATION SUSPENSION STOP DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE DEPORTATION SUSPENSION ENDS DUE TO LAWFUL RE-ADMITTANCE EMBEDDED PERIOD OF SUSPENSION	
0				
9	1		FILLER	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	FENF	FOREIGN ENFORCEMENT DATA GROUP	GROUP

DESCRIPTION
FOREIGN ENFORCEMENT DATA GROUP
MAXIMUM OF 10 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	FENF-FAIL7162-REL	FAILURE TO RETURN 7162 DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF SUSPENSION BASED ON THE FAILURE TO RETURN SSA-7162 (SUSPENSION EFFECTIVE WITH COM)
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	FENF-RTRN7162-REL	RETURN OF 7162 DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFITS BASED ON THE RETURN OF THE SSA-7162 (REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION)

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	DDTH	DEVELOPMENT FOR DEATH DATA GROUP	GROUP
			DESCRIPTION DEVELOPMENT FOR DEATH DATA GROUP MAXIMUM OF 5 OCCURRENCES.	
0	3	DDTH-SUSPEFF-REL	DEVELOP FOR DEATH SUSPENSION EFFECTIVE MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION EFFECTIVE DATE THAT BENEFITS ARE SUSPENDED WHILE DEATH DEVELOPMENT IS UNDERTAKEN (SUSPENSION EFFECTIVE WITH COM MANDATORY	
3	3	DDTH-ALLEGDOD-REL-D	ALLEGED DATE OF DEATH	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION INPUT DATE OF DEATH ALLEGED FOR BENEFICIARY	
6	3	DDTH-RESUMREQ-REL	DEVELOPMENT FOR DEATH RESUMPTION REQUEST DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENT BASED ON DETERMINATION THAT BENEFICIARY IS STILL LIVING (REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION)	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	WHRU	WHEREABOUTS UNKNOWN SUSPENSION DATA GROUP	GROUP

DESCRIPTION
WHEREABOUTS UNKNOWN SUSPENSION DATA GROUP
MAXIMUM OF 10 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	WHRU-SUSPEFF-REL	WHEREABOUTS UNKNOWN SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE THAT BENEFITS ARE SUSPENDED UNTIL BENEFICIARY
IS LOCATED (SUSPENSION EFFECTIVE WITH COM)
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	WHRU-RESUMREQ-REL	WHEREABOUTS UNKNOWN RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION)

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	DADD	DEVELOP FOR ADDRESS DATA GROUP	GROUP

DESCRIPTION
DEVELOP FOR ADDRESS DATA GROUP
MAXIMUM OF 20 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	DADD-SUSPEFF-REL	DEVELOP FOR ADDRESS SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE THAT BENEFITS ARE SUSPENDED UNTIL BENEFICIARY
IS LOCATED (SUSPENSION IS EFFECTIVE WITH COM)
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	DADD-RESUMREQ-REL	DEVELOP FOR ADDRESS RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
(REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	16	PRSN	PRISONER SUSPENSION DATA GROUP	GROUP

DESCRIPTION
PRISONER SUSPENSION DATA GROUP
MAXIMUM OF 10 OCCURRENCES.

0	3	PRSN-SUSPEFF-REL	EFFECTIVE DATE OF PRISONER SUSPENSION	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH THAT BENEFITS ARE SUSPENDED DUE TO PRISON STATUS
MANDATORY

3	1	PRSN-CONFNTP	PRISONER CONFINEMENT TYPE	CHARACTER

DESCRIPTION
PRISONER CONFINEMENT TYPE
MANDATORY

POSSIBLE-VALUES
P - PRISON
M - MENTAL
E - PREDATOR

4	3	PRSN-SUSPSTOP-REL	PRISONER SUSPENSION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF SUSPENSE(BENEFITS REINSTATED THE FOLLOWING MONTH)

7	3	PRSN-DUEPROMAT-REL	PRISONER DUE PROCESS MATURITY DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE PRISONER DUE PROCESS MATURES
FIELD IS BEING DEFINED BUT WILL NOT BE ACTIVATED WITH RELEASE

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	3	PRSN-PROTEST-REL-D	PRISONER PROTEST DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE PROTEST TO ADVANCE NOTICE IS FILED (PREVENTS SUSPENSION)

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
13	3	PRSN-RESUMREQ-REL	PRISONER SUSPENSION RESUMPTION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
(REINSTATE EFFECTIVE WITH REINSTATE SUSPENSION MONTH)
ERRONEOUS SUSPENSION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	LEG-1	LEGISLATIVE SUSPENSION DATA GROUP	GROUP
0	3	LEG-1-SUSPEFF-REL	LEGISLATION 1 SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE THAT BENEFITS ARE SUSPENDED DUE TO NEW LEGISLATION (SUSPENSION IS EFFECTIVE WITH COM MANDATORY

3	3	LEG-1-SUSPSTOP-REL	LEGISLATION 1 SUSPENSION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF SUSPENSION STOP DATE. BENEFITS RESUMED SUSPSTOP PLUS 1 MONTH

6	3	LEG-1-RESUMREQ-REL	LEGISLATION 1 RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS (REINSTATE EFFECTIVE WITH FIRST SUSPENSION MONTH FOR LEGISLATIVE SUSPENSION (REVERSAL OF SUSPENSION)

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	LEG-2	LEGISLATIVE SUSPENSION DATA GROUP	GROUP
0	3	LEG-2-SUSPEFF-REL	LEGISLATION 2 SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE THAT BENEFITS ARE SUSPENDED DUE TO NEW LEGISLATION (SUSPENSION IS EFFECTIVE WITH COM MANDATORY

3	3	LEG-2-SUSPSTOP-REL	LEGISLATION 2 SUSPENSION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF SUSPENSION STOP DATE. BENEFITS RESUMED SUSPSTOP PLUS 1 MONTH

6	3	LEG-2-RESUMREQ-REL	LEGISLATION 2 RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS (REINSTATE EFFECTIVE WITH FIRST SUSPENSION MONTH FOR LEGISLATIVE SUSPENSION (REVERSAL OF SUSPENSION)

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	LEG-3	LEGISLATIVE SUSPENSION DATA GROUP 3	GROUP
0	3	LEG-3-SUSPEFF-REL	LEGISLATION 3 SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE THAT BENEFITS ARE SUSPENDED DUE TO NEW LEGISLATION (SUSPENSION IS EFFECTIVE WITH COM MANDATORY

3	3	LEG-3-SUSPSTOP-REL	LEGISLATION 3 SUSPENSION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF SUSPENSION STOP DATE. BENEFITS RESUMED SUSPSTOP PLUS 1 MONTH

6	3	LEG-3-RESUMREQ-REL	LEGISLATION 3 RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS (REINSTATE EFFECTIVE WITH FIRST SUSPENSION MONTH FOR LEGISLATIVE SUSPENSION (REVERSAL OF SUSPENSION)

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	14	ADMS	ADMINISTRATIVE SANCTIONS SUSPENSION DATA GROUP	GROUP

DESCRIPTION
ADMINISTRATIVE SANCTIONS SUSPENSION DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	ADMS-SUSPEFF-REL	ADMINISTRATIVE SANCTIONS SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH THAT BENEFITS ARE SUSPENDED DUE TO IMPOSITION OF
ADMINISTRATIVE SANCTIONS
MANDATORY

3	3	ADMS-START-REL	ADMINISTRATIVE SANCTIONS START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF THE ADMINISTRATIVE SANCTION PERIOD IN ANY
APPLICATION FOR THIS SANCTION PERIOD
MANDATORY

6	3	ADMS-STOP-REL	ADMINISTRATIVE SANCTIONS STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF THE ADMINISTRATIVE SANCTION PERIOD. BENEFITS
ARE REINSTATED IN THE FOLLOWING MONTH.

9	3	ADMS-RESUMREQ-REL	ADMS REINSTATEMENT REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
(REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
12	1	ADMS-RESUMRSN	ADMS REASON FOR REINSTATEMENT REQUEST REASON	CHARACTER

DESCRIPTION
REASON FOR REVERSAL OF SUSPENSION

POSSIBLE-VALUES
D - DEFERRED
G - GOOD CAUSE
E - ERRONEOUS SUSPENSION
BLANK - DOES NOT APPLY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
13	1	ADMS-OCCUR	ADMINISTRATIVE SANCTIONS SUSPENSION OCCURRENCE NUMBER	CHARACTER

DESCRIPTION
SUPPORT GENERATION OF CORRECT RFD/WIC IN HISTORY

POSSIBLE-VALUES
1ST OCCURRENCE
2ND OCCURRENCE
3RD OCCURRENCE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	MISC	MISCELLANEOUS SUSPENSION DATA GROUP	GROUP

DESCRIPTION
MISCELLANEOUS SUSPENSION DATA GROUP
MAXIMUM OF 10 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	MISC-SUSPEFF-REL	MISCELLANEOUS SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE TO SUSPEND BENEFITS (EFFECTIVE WITH COM)
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	MISC-SUSPSTOP-REL	MISCELLANEOUS SUSPENSION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF
NONPAYMENT. BENEFITS ARE REINSTATED IN THE MONTH FOLLOWING
THE SUSPENSION END DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	3	MISC-RESUMREQ-REL	MISCELLANEOUS SUSPENSION RESUMPTION REQUEST MONTH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	EDDD	ERRONEOUS DEFENSE DEPARTMENT DEATH DATA GROUP	GROUP
0	3	EDDD-NOTIF-REL-D	ERRONEOUS DOD NOTIFICATION DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE SSA RECEIVED NOTIFICATION FROM DOD THAT NH IS ALIVE
(TERMINATION IS EFFECTIVE WITH COM)
MANDATORY

3	3	EDDD-EDOD-REL	ERRONEOUS DATE OF DEATH	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
ERRONEOUS DATE OF DEATH PROVIDED BY DOD
MANDATORY

6	3	EDDD-TERMEFF-REL	ERRONEOUS DEFENSE DEPARTMENT TERMINATION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH BENEFITS ARE TERMINATED BASED ON EDD NOTIFICATION
MANDATORY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	WAIV	WAIVER OF BENEFIT PAYMENTS REQUEST DATA GROUP	GROUP

DESCRIPTION
WAIVER OF BENEFIT PAYMENTS REQUEST DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	WAIV-SUSPEFF-REL	WAIVER OF BENEFIT PAYMENTS SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE TO SUSPEND BENEFITS (EFFECTIVE WITH COM)
MANDATORY

3	3	WAIV-REVCTNREQ-REL	WAIVER REVOCATION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS SIGNED WITHDRAWING THE REQUEST FOR
WAIVER. IF REVOCATION CONDITION IS MET RESUME EFFECTIVE WITH
FIRST SUSPENSE MONTH. ELSE, RESUME EFFECTIVE WITH THE MONTH
THAT THE REQUEST IS SIGNED

6	1	WAIV-REVCTNMET	RETROACTIVE REVOCATION CONDITIONS MET INIDICATOR	CHARACTER

DESCRIPTION
INDICATOR THAT ONE OF THE CONDITIONS IN GN02409.030 IS MET.
'MET' DETERMINATION ALLOWS FOR RETROACTIVE REINSTATEMENT
OF BENEFIT PAYMENT

POSSIBLE-VALUES
Y - CONDITIONS MET
BLANK - DOES NOT APPLY OR CONDITION NOT MET

7	3	WAIV-RESUMREQ-REL	WAIVER RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION	
10	3	WAIV-SUSPSTOP-REL	WAIVER SUSPENSION END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF NONPAYMENT. BENEFITS ARE REINSTATED IN THE MONTH FOLLOWING THE SUSPENSION STOP DATE

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	WDSP	CLAIM WITHDRAWAL SUSPENSION DATA GROUP	GROUP

DESCRIPTION
CLAIM WITHDRAWAL SUSPENSION DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	WDSP-SUSPEFF-REL	CLAIM WITHDRAWAL SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE TO SUSPEND BENEFITS. (EFFECTIVE WITH COM)

3	3	WDSP-RESUMREQ-REL	CLAIM WITHDRAWAL RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
(REINSTATEMENT EFFECTIVE WITH THE FIRST MONTH OF SUSPENSION
MANDATORY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	11	WDTR	CLAIM WITHDRAWAL TERMINATION DATA GROUP	GROUP

DESCRIPTION
CLAIM WITHDRAWAL TERMINATION DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	WDTR-CLMDOF-REL-D	WITHDRAWN CLAIM DATE OF FILING	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE OF FILING OF CLAIM BEING WITHDRAWN. NEEDED TO DOCUMENT
SPECIFIC APPLICATION ON WHICH ENTITLEMENT IS BEING TERMINATED
MANDATORY

3	1	WDTR-CLMTYP	CLAIM WITHDRAWAL CLAIM TYPE	CHARACTER

DESCRIPTION
SUPPORTS CORRECT APPLICATION OF WITHDRAWAL TERMINATION IN
MULTI ENTITLEMENT CASES

POSSIBLE-VALUES
D - DISABILITY
M - MEDICARE
R - RETIREMENT
BLANK - DOES NOT APPLY

4	1	WDTR-TERMTYP	CLAIM WITHDRAWAL TERMINATION TYPE	CHARACTER

DESCRIPTION
CLAIM WITHDRAWAL TERMINATION TYPE
MANDATORY

POSSIBLE-VALUES
C - WITHDRAWAL IS CONDITIONAL
N - WITHDRAWAL IS NON-CONDITIONAL

5	3	WDTR-TERMNOTE-REL-D	CLAIM WITHDRAWAL TERMINATION NOTICE DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE OF NOTICE FOR THE WITHDRAWAL TERMINATION EVENT	
8	3	WDTR-REVREQ-REL	CLAIM WITHDRAWAL REVERSAL REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE OF REQUEST TO REVERSE WITHDRAWAL EFFECTIVE WITH DOE-START

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	19	CIC	CHILD IN CARE DATA GROUP	GROUP
			DESCRIPTION CHILD IN CARE DATA GROUP MAXIMUM OF 20 OCCURRENCES.	
0	2	CIC-CHDPIC	CHILD IN CARE CHILD BIC	CHARACTER
			DESCRIPTION PIC OF CHILD IN CARE FOR YOUNG WIFE/HUSBAND OR MOTHER MANDATORY POSSIBLE-VALUES	
2	3	CIC-START-REL	CHILD IN CARE START DATE FOR CHILD	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION FIRST MONTH THAT YOUNG WIFE(HUSBAND)/MOTHER(FATHER) BENEFICIARY HAS 'THIS' CHILD IN HIS/HER CARE MANDATORY	
5	9	CIC-CHDENTSSN	CHILD'S ENTITLEMENT SOCIAL SECURITY NUMBER	CHARACTER
			DESCRIPTION SOCIAL SECURITY NUMBER ON WHICH CHILD IS ENTITLED MANDATORY POSSIBLE-VALUES VALID SSN UNKNOWN	
14	3	CIC-END-REL	CHILD IN CARE END DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800 DESCRIPTION END DATE FOR THIS ITERATION OF CIC DATA GROUP	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
17	1	CIC-ENDRSN	CHILD IN CARE END REASON	CHARACTER

DESCRIPTION
REASON THAT ITERATION OF CHILD IN CARE ENDED

POSSIBLE-VALUES
A - AGE 16 TERMINATION
C - CHILD/CDB TERMINATION
D - DEATH OF CHILD
M - MARRIAGE
O - OTHER CHILD TERMINATION REASON
U - UNKNOWN
BLANK - DOES NOT APPLY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
18	1	CIC-CONV	CHILD IN CARE CONVERSION INDICATOR	CHARACTER

DESCRIPTION
CHILD IN CARE CONVERSION INDICATOR

POSSIBLE-VALUES
Y - THIS OCCURRENCE OF CIC DATA WAS GENERATED AT CONVERSION
SOME OR ALL OF THIS DATA MAY BE BASED ON ASSUMPTIONS
BLANK - DOES NOT APPLY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	CLC	CHILD LEFT CARE DATA GROUP	GROUP

DESCRIPTION
CHILD LEFT CARE DATA GROUP
MAXIMUM OF 20 OCCURRENCES.

0	3	CLC-SUSPEFF-REL	CHILD LEFT CARE SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF BENEFIT SUSPENSION BASED ON THE FAILURE OF THE
CIC SPOUSE TO HAVE ANY ENTITLED CHILD IN CARE
MANDATORY

3	3	CLC-SUSPSTOP-REL	CHILD LEFT CARE STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION BASED ON THE FAILURE OF THE
CIC SPOUSE TO HAVE ANY ENTITLED CHILD IN CARE
BENEFIT REINSTATEMENT WILL BE RESUMED THE FOLLOWING MONTH

6	3	CLC-RESUMREQ-REL	CHILD LEFT CARE RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	23	MARR	MARRIAGE DATA GROUP	GROUP

DESCRIPTION
MARRIAGE DATA GROUP
MAXIMUM OF 10 OCCURRENCES.

0	3	MARR-BGN-REL-D	MARRIAGE BEGIN DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE OF MARRIAGE
MANDATORY

3	1	MARR-TYPE	MARRIAGE TYPE	CHARACTER

DESCRIPTION
MARRIAGE TYPE

POSSIBLE-VALUES
C - COMMON LAW
D - DEEMED
M - CEREMONIAL
BLANK - DOES NOT APPLY

4	1	MARR-SPCREL	MARRIAGE SPECIAL RELATIONSHIP CODE	CHARACTER

DESCRIPTION
MARRIAGE SPECIAL RELATIONSHIP CODE

POSSIBLE-VALUES
B - 216B1
C - 202C2
F - 216F1
K - 216K
BLANK - DOES NOT APPLY

5	1	MARR-BGNPRF	MARRIAGE BEGIN PROOF	CHARACTER

DESCRIPTION
MARRIAGE BEGIN PROOF
MANDATORY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES Y - MARRIAGE BEGIN IS PROVEN N - MARRIAGE BEGIN IS NOT PROVEN	
6	9	MARR-SPOUSESSN	SPOUSE SOCIAL SECURITY NUMBER	CHARACTER
			DESCRIPTION SSN OF SPOUSE FOR THIS OCCURRENCE OF MARRIAGE POSSIBLE-VALUES BLANK - SSN UNKNOWN OR NO SSN	
15	1	MARR-PROTECTED	PROTECTED MARRIAGE INDICATOR	CHARACTER
			DESCRIPTION PROTECTED MARRIAGE INDICATOR POSSIBLE-VALUES Y - THIS ITERATION OF MARRIAGE/REMARRIAGE WILL NOT RESULT IN A TERMINATION ACTION BLANK - MARRIAGE DOES NOT QUALIFY AS PROTECTED OR DOES NOT APPLY	
16	3	MARR-END-REL-D	MARRIAGE END DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION DATE THAT THE MARRIAGE ENDED	
19	1	MARR-ENDRSN	MARRIAGE END REASON	CHARACTER
			DESCRIPTION LEGAL ACTION THAT ENDED THE MARRIAGE POSSIBLE-VALUES A - ANNULMENT/VOIDABLE MARRIAGE D - DEATH P - PUTATIVE V - DIVORCE Z - ANNULMENT/VOID OR VOIDED BLANK - DOES NOT APPLY	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
20	1	MARR-ENDPRF	MARRIAGE END PROOF	CHARACTER

DESCRIPTION
MARRIAGE END PROOF INDICATOR

POSSIBLE-VALUES
Y - MARRIAGE END IS PROVEN
N - MARRIAGE END IS NOT PROVEN
BLANK - DOES NOT APPLY

0

21	1		FILLER	
22	1	MARR-CONV	MARRIAGE CONVERSION INDICATOR	CHARACTER

DESCRIPTION
MARRIAGE CONVERSION INDICATOR

POSSIBLE-VALUES
Y - THIS OCCURRENCE OF MARR DATA WAS GENERATED AT CONVERSION
SOME OR ALL OF THIS DATA MAY BE BASED ON ASSUMPTIONS
BLANK - DOES NOT APPLY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	20	SRD	STUDENT ENTITLEMENT DATA GROUP	GROUP

DESCRIPTION
STUDENT ENTITLEMENT DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	SRD-BFTA-REL	BEGINNING OF FULL TIME ATTENDANCE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH/YEAR THAT STUDENT IS IN FULL TIME ATTENDANCE
BASED ON 1372
MANDATORY

3	3	SRD-EFTA-REL	END OF FULL TIME ATTENDANCE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH/YEAR THAT STUDENT IS IN FULL TIME ATTENDANCE
BASED ON 1372
MANDATORY

6	3	SRD-HSGRAD-REL	STUDENT ENTITLEMENT HIGH SCHOOL GRADUATION DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH/YEAR THAT STUDENT GRADUATES FROM HIGH SCHOOL
BASED ON 1372

9	1	SRD-FTAAFTGRAD	FULL TIME ATTENDANCE AFTER GRADUATION	CHARACTER

DESCRIPTION
FULL TIME ATTENDANCE AFTER GRADUATION INDICATOR

POSSIBLE-VALUES
Y - INDICATOR TO SUBSTANTIATE ENTITLEMENT AFTER HIGH SCHOOL
GRADUATION DATE
BLANK - DOES NOT APPLY

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	3	SRD-NLFTA-REL	NO LONGER IN FULL-TIME ATTENDANCE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
MONTH/YEAR THAT CURRENTLY ENTITLED STUDENT IS NO LONGER IN FULL TIME ATTENDANCE WHEN FTA ENDS PRIOR RO EXPECTED FTA END DATE ON 1372

13	3	SRD-CHNGINT-REL	STUDENT ENTITLEMENT CHANGE IN INTENT DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH/YEAR THAT STUDENT REPORTS THAT HE/SHE IS/WILL NOT BE RETURNING TO SCHOOL AFTER PERIOD OF DEEMED FTA

16	1	SRD-CHNGINTIND	STUDENT ENTITLEMENT CHANGE IN INTENT INDICATOR	CHARACTER

DESCRIPTION
STUDENT ENTITLEMENT CHANGE IN INTENT INDICATOR

POSSIBLE-VALUES
A - ACTUAL DATE
N - NOTIFICATION DATE
S - NEW SCHOOL YEAR
BLANK - DOES NOT APPLY

17	1	SRD-SCHOPBASIS	STUDENT ENTITLEMENT SCHOOL OPERATING BASIS	CHARACTER

DESCRIPTION
SCHOOL OPERATING BASIS - STRUCTURE OF THE SCHOOL YEAR CALENDAR

POSSIBLE-VALUES
Q - QUARTERLY/SEMESTER BASIS
Y - YEARLY BASIS
BLANK - DOES NOT APPLY

18	1	SRD-CONTACT	STUDENT ENTITLEMENT CONTACT INDICATOR	CHARACTER

DESCRIPTION
INDICATES WHETHER CONTACT WAS MADE OR ATTEMPTED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			MANDATORY UNLESS SRD-CONV = Y	
			POSSIBLE-VALUES M - CONTACT WAS SUCCESSFULLY MADE A - CONTACT WAS ATTEMPTED BLANK - DEFAULT - NO DATA TO DISPLAY	
19	1	SRD-CONV	STUDENT ENTITLEMENT CONVERSION INDICATOR	CHARACTER
			DESCRIPTION STUDENT ENTITLEMENT CONVERSION INDICATOR	
			POSSIBLE-VALUES Y - THIS OCCURRENCE OF STUDENT DATA WAS GENERATED AT BLANK - DOES NOT APPLY ON ASSUMPTIONS	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	DPYE	DEVELOP FOR REP PAYEE DATA GROUP	GROUP

DESCRIPTION
DEVELOP FOR REP PAYEE DATA GROUP
MAXIMUM OF 20 OCCURRENCES.

0	1	DPYE-SUSPRSN	DEVELOP FOR REP PAYEE SUSPENSION REASON	CHARACTER

DESCRIPTION
REASON FOR SUSPENSION ACTION FOR REP PAYEE DEVELOPMENT
MANDATORY

POSSIBLE-VALUES
1 - BENEFICIARY IN DIRECT PAY DECLARED LEGALLY INCOMPETENT
2 - UNWILLING TO CONTINUE AS PAYEE
3 - DAA WITHOUT PAYEE
4 - CAPABILITY DECISION PENDING
5 - DEATH OF PAYEE
6 - PAYEE NOT QUALIFIED
7 - NO PAYEE SELECTED
8 - RETURNED CHECK
9 - CONVERSION
S - PAYEE IN SUSPENSE

1	3	DPYE-SUSPEFF-REL	DEVELOP FOR REP PAYEE SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE TO SUSPEND BENEFITS (EFFECTIVE WITH COM)
MANDATORY

4	3	DPYE-RESUMREQ-REL	DEVELOP FOR REP PAYEE RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

7	3	DPYE-SUSPSTOP-REL	DEVELOP FOR REP PAYEE SUSPENSION END MONTH	PACKED

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF NONPAYMENT. BENEFITS ARE REINSTATED IN THE MONTH FOLLOWING THE SUSPENSION END DATE	

MBR (7080) SPREAD RECORD SPEC - VERSION 14

0 V14.0

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	DDIB	DEVELOP DIB DATA GROUP	GROUP

DESCRIPTION
DEVELOP DIB DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	DDIB-SUSPEFF-REL	DEVELOP DIB SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE TO SUSPEND BENEFITS WHILE DISABILITY
DETERMINATION IS PENDING (EFFECTIVE W/ AGE 18 ATTAINMENT
DATE)
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	DDIB-RESUMREQ-REL	DEVELOP DIB RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

MBR (7080) SPREAD RECORD SPEC - VERSION 14

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	7	CDIB	CONTINUING DIB INVESTIGATION DATA GROUP	GROUP

DESCRIPTION
CONTINUING DIB INVESTIGATION DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	CDIB-SUSPEFF-REL	CDR SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
EFFECTIVE DATE TO SUSPEND BENEFITS (EFFECTIVE WITH COM)
MANDATORY

3	1	CDIB-SUSPRSN	CDR SUSPENSION REASON	CHARACTER

DESCRIPTION
BASIS FOR CDR SUSPENSION
MANDATORY

POSSIBLE-VALUES
I - IMPROVEMENT
F - FAILURE TO COOPERATE
K - UNKNOWN VALUE (CONVERSION)
U - UNKNOWN WHEREABOUTS
W - WORK
M - MANUAL

4	3	CDIB-RESUMREQ-REL	CDR RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	CONV	CONVERSION SUSPENSION DATA GROUP	GROUP

DESCRIPTION
CONVERSION SUSPENSION DATA GROUP
MAXIMUM OF 20 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	CONV-SUSPEFF-REL	CONVERSION SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
BEGINNING DATE OF AN 'UNKNOWN' PERIOD OF SUSPENSION DURING
THE MBR CONVERSION PROCESS
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	CONV-SUSPSTOP-REL	CONVERSION SUSPENSION STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
END DATE OF AN 'UNKNOWN' PERIOD OF SUSPENSION (NO RFST)
IDENTIFIED DURING THE MBR CONVERSION PROCESS

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	1	CONV-RFD	CONVERSION RFD SUSPENSION REASON	CHARACTER

DESCRIPTION
RFD FOUND IN HISTORY UNSUPPORTED BY ANY DATA ON THE MBR
AT CONVERSION TIME
MANDATORY

POSSIBLE-VALUES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
7	3	CONV-RESUMREQ-REL	CONVERSION SUSPENSION RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	CREL	CHILD RELATIONSHIP DATA GROUP	GROUP

DESCRIPTION
CHILD RELATIONSHIP DATA GROUP
MAXIMUM OF 5 OCCURRENCES.

0	3	CREL-BEGIN-REL-D	CHILD RELATIONSHIP BEGIN DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE DATE THAT THE RELATIONSHIP TO THE WAGE EARNER BEGAN
MANDATORY

3	1	CREL-TYPE	CHILD RELATIONSHIP TYPE CODE	CHARACTER

DESCRIPTION
CHILD RELATIONSHIP TYPE CODE
MANDATORY

POSSIBLE-VALUES
N - NATURAL/LEGITIMATE CHILD
S - STEPCHILD
A - ADOPTED CHILD
I - ILLEGITIMATE CHILD/INHERITANCE RIGHTS
O - DEEMED CHILD
G - GRANDCHILD
L - LEGITIMATED

4	3	CREL-END-REL-D	CHILD RELATIONSHIP END DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE DATE THAT THE RELATIONSHIP TO THE WAGE EARNER ENDED

7	1	CREL-PROOF	CHILD RELATIONSHIP PROOF INDICATOR	CHARACTER

DESCRIPTION
CHILD RELATIONSHIP PROOF INDICATOR
MANDATORY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES Y - PROVEN N - NOT PROVEN	
8	1	CREL-ENDRSN	CHILD RELATIONSHIP END REASON	CHARACTER
			DESCRIPTION CHILD RELATIONSHIP END REASON	
			POSSIBLE-VALUES D - PARENT DIVORCES A - AB INITIO ANNULMENT OF PARENT MARRIAGE-VOIDABLE MARRIAGE P - PROSPECTIVE ANNULMENT OF PARENT MARRIAGE-VOIDABLE MARRIAGE V - ANNULMENT OF PARENT MARRIAGE - VOIDED MARRIAGE Y - ANNULMENT OF ADOPTION C - CHANGE IN RELATIONSHIP TYPE BLANK - NO DISPLAY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	6	DAGE	DEVELOP FOR AGE SUSPENSION DATA GROUP	GROUP

DESCRIPTION
DEVELOP FOR AGE SUSPENSION DATA GROUP
MAXIMUM OF 2 OCCURRENCES.

0	3	DAGE-SUSPEFF-REL	DEVELOP FOR AGE SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH THAT BENEFITS ARE SUSPENDED FOR AGE/PROOF OF
AGE DEVELOPMENT
MANDATORY

3	3	DAGE-RESUMREQ-REL	DEVELOP FOR AGE RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	9	VDRC	VOLUNTARY DRC SUSPENSION DATA GROUP	GROUP

DESCRIPTION
VOLUNTARY DRC SUSPENSION DATA GROUP
MAXIMUM OF 30 OCCURRENCES.

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	VDRC-SUSPEFF-REL	VOLUNTARY DRC SUSPENSION EFFECTIVE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH THAT BENEFITS ARE SUSPENDED BASED ON
BENEFICIARY REQUEST

MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	VDRC-SUSPSTOP-REL	VOLUNTARY DRC SUSPENSION STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF BENEFIT SUSPENSION FOR AN IMBEDDED PERIOD OF
NONPAYMENT. BENEFITS ARE REINSTATED IN THE MONTH FOLLOWING
THE SUSPENSION STOP DATE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	3	VDRC-RESUMREQ-REL	VOLUNTARY DRC RESUMPTION REQUEST DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE THAT A REQUEST IS INPUT TO REINSTATE BENEFIT PAYMENTS
REINSTATEMENT EFFECTIVE THE FIRST MONTH OF SUSPENSION

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	18	DENY	BENEFICIARY DENIAL/DISALLOWANCE DATA GROUP	GROUP
			DESCRIPTION STORES HISTORICAL ITERATIONS OF DENIAL AND DISALLOWANCE DATA MAXIMUM OF 30 OCCURRENCES.	
0	3	DENY-DOF-REL-D	APPLICATION FILING DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION DATE THE BENEFICIARY FILED APPLICATION FOR BENEFITS MANDATORY	
3	3	DENY-APPRECPT-REL-D	APPLICATION RECEIPT DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION DATE THE APPLICATION FOR BENEFITS IS RECEIVED	
6	3	DENY-BIC		GROUP
6	1	DENY-BIC-POS1	BIC - POSITION ONE	CHARACTER
7	1	DENY-BIC-POS2	BIC - POSITION TWO	CHARACTER
8	1	DENY-BIC-POS3	BIC - POSITION THREE	CHARACTER
9	1	DENY-CEC	HISTORICAL CURRENT ENTITLEMENT CODE	CHARACTER
			DESCRIPTION POSSIBLE-VALUES B - DISABLED S - SCHOOL CHILD BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
10	3	DENY-DDO-REL-D	DISABILITY ONSET DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
DATE OF DISABILITY ONSET

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
13	3	DENY-RDD	HISTORICAL REASON FOR DISALLOWANCE OR DENIAL	CHARACTER

DESCRIPTION
DISALLOWANCE DENIAL REASON FOR THIS CLAIM
MANDATORY

POSSIBLE-VALUES

DISALLOWANCE ABATEMENT AND WITHDRAWAL CODES

SERVICES NOT COVERED:
---
01 - NO TRADE OR BUSINESS
02 - NO EMPLOYER-EMPLOYEE RELATIONSHIP
03 - MINISTER OR MEMBER OF RELIGIOUS ORDER AND
CERTIFICATE OF WAIVER NOT FILED
04 - FAMILY EMPLOYMENT
05 - GOVERNMENT EMPLOYMENT
06 - MARITIME EMPLOYMENT - FOREIGN EMPLOYER
07 - NONPROFIT ORGANIZATION - INCOME TAX EXEMPT EMPLOYER
- STUDENT

WAGES,EARNINGS, INSURED STATUS, AGE NOT ATTAINED,
DEATH NOT ESTABLISHED:
---
10 - WAGES EXCLUDED OR NOT ESTABLISHED
11 - DOMESTIC SERVICE
12 - AGRICULTURAL LABOR
13 - NONBUSINES EMPLOYMENT
20 - INCOME EXCLUDED FROM NET EARNINGS FROM SELF-EMPLOYMENT,
SELF-EMPLOYMENT INCOME NOT ESTABLISHED
26 - DISALLOWANCE DUE TO LACK OF INSURED STATUS NOT TRACEABLE
TO COVERAGE EXCLUSIO OR WAGE QUESTION
27 - WIFE OR CHILD FILING - NUMBERHOLDER NOT ENTITLED
28 - CLAIMANT HAS NOT ATTAINED REQUIRED AGE - DATE OF BIRTH
ESTABLISHED
29 - DEATH OF NUMBERHOLDER NOT ESTABLISHED

RELATIONSHIP NOT ESTABLISHED:

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

25 - NOT THE GRANDCHILD, STEPGRANDCHILD OR GREAT-GRANDCHILD OF THE NUMBERHOLDER
30 - NOT THE SPOUSE/WIDOWER, UNDER STATE LAW OR DEEMED MARRIAGE PROVISION
31 - DOES NOT MEET THE DURATION OF MARRIAGE REQUIREMENT
32 - CHILD ILLEGITIMATE - CANNOT INHERIT - NO CEREMONIAL MARRIAGE - NOT DEEMED CHILD
33 - STEP RELATIONSHIP NOT WITHIN TIME LIMIT
34 - NO STEP RELATIONSHIP
35 - NOT ADOPTED CHILD OF NUMBERHOLDER
36 - NOT MARRIED AT LEAST 10 YEARS IMMEDIATELY BEFORE THE DATE OF DIVORCE

STUDENTS, DEPENDENCY, CHILD IN CARE, AGE NOT ESTABLISHED:
---
37 - STUDENT PAID BY EMPLOYER TO ATTEND SCHOOL
38 - STUDENT NOT ATTENDING EDUCATIONAL INSTITUTION
39 - CHILD DOES NOT MEET DEPENDENCY SUPPORT, OR LIVING WITH REQUIREMENT
40 - CHILD MARRIED OR 18 YEARS OF AGE OR OVER NOT DISABLED AND NOT A STUDENT
41 - STUDENT NOT IN FULL-TIME ATTENDANCE
42 - WIFE, WIDOW, MOTHER OR SURVIVING DIVORCED MOTHER DOES NOT HAVE CHILD IN CARE
43 - WIFE, WIDOW, MOTHER OR SURVIVING DIVORCED MOTHER DISALLOWED BECAUSE CHILD IN CARE NOT ENTITLED ON NUMBERHOLDER SSN
44 - FAILURE TO ESTABLISH REQUIRED AGE

LUMP SUM:
---
45 - APPLICATION NOT FILED WITHIN TIME LIMIT INCLUDING ANY EXTENSION FOR "GOOD CAUSE"
46 - ELIGIBLE LIVING-IN-SAME-HOUSEHOLD SPOUSE SURVIVES
47 - SURVIVING SPOUSE NOT LIVING IN SAME HOUSEHOLD AND NOT ELIGIBLE/ENTITLED TO BENEFITS
48 - ELIGIBLE SPOUSE SURVIVES
49 - WIDOW/ER OR CHILD RELATIONSHIP NOT ESTABLISHED
51 - CHILD NOT ELIGIBLE OR ENTITLED TO BENEFITS
57 - OTHER LS DISALLOWANCE ACTION (SHOW IN REMARKS)

SUPPORT NOT ESTABLISHED (HUSBANDS, WIDOWERS, PARENTS, DIVORCED WIVES ONLY):
---
58 - NOT RECEIVING 1/2 SUPPORT FROM THE NUMBERHOLDER
59 - DIVORCEE DOES NOT MEET COURT ORDER, SUBSTANTIAL CONTRIBUTIONS OR 1/2 SUPPORT REQUIREMENT
61 - PROOF OF SUPPORT NOT FILED WITHIN TIME LIMIT INCLUDING ANY EXTENSION FOR "GOOD CAUSE"

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

OTHER BENEFITS,MISCELLANEOUS:

62 - ENTITLED TO RECEIVE OTHER BENEFITS EQUAL TO OR GREATER THAN BENEFITS PAYABLE ON THIS NUMBERHOLDER SSN
64 - FAILURE TO ESTABLISH OTHER REQUIREMENTS FOR ENTITLEMENT
65 - OTHER DISALLOWANCE FOR MONTHLY BENEFITS ACTION (SHOW REASON IN "REMARKS")

ABATEMENTS:

67 - IMPROPER APPLICANT
68 - CLAIMANT DIED IN OR BEFORE FIRST MONTH OF ENTITLEMENT AND IS NOT ENTITLED TO HI OR SMI

DISABILITY (NON-MEDICAL REQUIREMENTS):

90 - DIB INSURED STATUS NOT MET AT OR AFTER AOD
93 - DWB CLAIMANT AOD IS AFTER END OF THE PRESCRIBED PERIOD
94 - NO DIB INSURED STATUS - R.R. COMPENSATION NOT CREDITABLE
95 - NO DIB INSURED STATUS - MS NOT CREDITABLE
98 - OTHER DIB DISALLOWANCE (SHOW REASON IN "REMARKS")
99 - NO APPLICATION RECEIVED BEFORE EXPIRATION OF PROTECTIVE FILING PERIOD.

ABATEMENT - DISABILITY:

96 - DEATH DURING THE WAITING PERIOD

HEALTH INSURANCE BENEFITS:

100 - NOT ATTAINED AGE 65(SHOW DOB ESTABLISHED IN REMARKS)
101 - ELIGIBLE UNDER RRA
102 - NOT A RESIDENT OF THE U.S.
103 - NOT A CITIZEN OF U.S. OR ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE WHO HAS RESIDED IN U.S. CONTINUOUSLY FOR 5 YEARS OR MORE
105 - CONVICTED OF CRIME AGAINST SECURITY OF THE U.S.
106 - COVERED OR COULD HAVE BEEN COVERED UNDER FED.EMP.HEALTH BENEFIT ACT OF 1959
107 - SMI APPLICATION NOT FILED DURING ENROLLMENT PERIOD
109 - OTHER HEALTH INSURANCE BENEFIT DISALLOWANCE ACTION (SHOW IN REMARKS)
110 - NOT INSURED FOR HI - USE TO DISALLOW T CLAIMS
NOTE: CAPS DOES NOT ACCEPT CODE 026 FOR HI
111 - DISABILITY AFTER DEATH CLAIM WITH NO PRIOR PERIOD OF DISABILITY THAT ENDED WITHIN 60 MONTHS OF THE BEGINNING DATE OF THE CURRENT DISABILITY
112 - CLAIMANT AGE 62 YRS AND 7 MONTHS AS OF DOO AND NO PRIOR PERIOD WITHIN 60 MONTHS OF THE BEGINNING DATE OF THE CURRENT DISABILITY FOR THE NUMBERHOLDER, OR 84 MONTHS

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

FOR DWB OR DAC CLAIMANTS

SPECIAL PAYMENT:

120 - HAS NOT ATTAINED AGE 72(SHOW ESTABLISHED DOB IN REMARKS)
121 - NOT A RESIDENT OF THE 50 STATES OR DISTRICT OF COLUMBIA
122 - NOT A U.S. CITIZEN OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE WHO HAS RESIDED IN THE U.S. CONTINUOUSLY FOR 5 YEARS OR MORE
123 - OTHER SPECIAL PAYMENT DISALLOWANCE ACTION (SHOW IN REMARKS)
124 - DOES NOT MEET QC REQUIREMENT FOR SPECIAL AGE 72 PAYMENT

WITHDRAWAL - RSI:

200 - CLAIMANT WILL CONTINUE TO WORK(UNCONDITIONAL WITHDRAWAL)
201 - OTHER (UNCONDITIONAL WITHDRAWAL)
202 - CONDITIONAL WITHDRAWAL

WITHDRAWAL - DISABILITY:

203 - CLAIMANT WILL CONTINUE TO WORK(UNCONDITIONAL WITHDRAWAL)
204 - OTHER (UNDCONDITIONAL WITHDRAWAL)
205 - CONDITIONAL WITHDRAWAL

WITHDRAWAL - MQGE/ESRD:

206 - UNCONDITIONAL
207 - CONDITIONAL

DENIAL CODE LIST FOR DIB:

REASON FOR DENIAL IS:	EARNINGS REQ LAST MET ON/AFTER DATE OF CURR DECISION USE CODE:	EARNINGS REQ LAST MET PRIOR DATE OF CURR DECISION USE CODE:
DIB DENIED:FREEZE ESTAB	0A1	---
SLIGHT IMPAIRMENT - MED CONSIDERATN ALONE	0F1	0F2
CAPACITY FOR SGA - CUSTOMARY PAST WORK	0H1	0H2
CAPACITY FOR SGA - OTHER WORK	0J1	0J2

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION			TYPE
			ENGAGING IN SGA DESPITE IMPAIRMENT	0N1	0N2	
			IMPAIRMENT NO LONGER SEVERE AT TIME OF ADJU-DICATION & DID NOT LAST 12 MONTHS	0E1	0E2	
			IMPAIRMENT IS SEVERE AT TIME OF ADJUDICATION BUT NOT EXPECTED TO LAST 12 MON	0E3	0E4	
			FAILURE/REFUSAL SUBMIT TO CONSULTATIVE EXAM	0L1	0L2	
			NH DOES NOT WANT TO CONTINUE DEV OF CLAIM - WANTS DECISION BASED ON EVIDENCE IN FILE	0M3	0M4	
			INSUFFICIENT EVIDENCE FURNISHED	0M5	0M6	
			NH DOES NOT WANT TO CONTINUE DEV OF CLAIM - DOES NOT INDIC THAT DECISION BE MADE ON EVIDENCE IN FILE	0M7	0M8	
			NH WILLFULLY FAILS TO FOLLOW PRESCRIBED TREATMENT	0K1	0K2	
			DIB CLAIM FILED WHEN CLAIMANT WAS PREVIOUSLY DENIED ON SUBSTANTIVE BASIS AFTER LAST POINT AT WHICH HE MET DIB INSURED STATUS	---	0S1	
			CLAIMANT ALLEGES DISABILITY W/IN 5 MONS ATTAINMENT OF AGE 65 & NO EARLIER ONSET IS POSS.	0X1	---	
			DDS HAS ESTABLISHED ONSET DATE W/IN 5 MONTHS OF ATTAINMENT OF AGE 65	0X2	---	
			DISABILITY DENIAL - NO			

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION			TYPE
			OTH DENIAL CODE APPLIES	0X3	0X3	
			DAA IS MATERIAL TO THE DETERMINATION OF DISABILITY	0Z1	0Z2	
			DENIAL CODES LIST FOR DWB:			
			IF THE REASON FOR DENIAL IS:	PRESCRIBED PERIOD REQ MET ON/AFT DT OF CURR DECISION USE CODE:	PRESCRIBED PERIOD REQ NOT MET ON/AFT OF CURR DECISION USE CODE:	
			IMPAIRMENT/S NOT MEET OR EQUAL THE LISTING	0F1	0F2	
			ENGAGING IN SGA DESPITE IMPAIRMENT	0N1	0N2	
			IMPAIRMENT NO LONGER SEVERE AT TIME OF ADJUDICATION & DID NOT LAST 12 MONTHS	0E1	0E2	
			IMPAIRMENT IS SEVERE AT TIME OF ADJUDICATION BUT NOT EXPECTED TO LAST 12 MONTHS	0E3	0E4	
			FAILURE/REFUSAL SUBMIT TO CONSULTATIVE EXAM	0L1	0L2	
			CLAIMANT DOES NOT WANT CONTINUE DEV OF CLAIM - WANTS DECISION BASED ON EVIDENCE IN FILE	0M3	0M4	
			INSUFFICIENT EVIDENCE FURNISHED	0M5	0M6	
			CLAIMANT DOES NOT WANT CONTINUE DEV OF CLAIM - DOES NOT INDIC THAT DECISION TO BE MADE BASED ON EVIDENCE IN FILE	0M7	0M8	
			CLAIMANT WILLFULLY FAILS FOLLOW PRESCRIBED TREATMENT	0K1	0K2	
			CLAIMANT HAS FILED DWB			

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			CLAIM & WAS PREVIOUSLY DENIED ON SUBSTATIVE BASIS AFT LAST POINT AT WHICH LAST MET PRESCRIBED PERIOD REQ.PRIOR CLAIM WAS FAILED 01/86 OR LATER --- 0S1	
			DISALLOWED WIDOW DENIAL - NO OTHER CODE APPLIES 0X3 0X3	
			DAA IS MATERIAL TO THE DETERMINATION OF DISABILITY 0Z1 0Z2	
			DENIAL CODE LIST FOR CDB: IF REASON FOR DENIAL IS: SLIGHT IMPAIRMENT - MEDICAL CONSIDERATION ALONE OR CONDITION DISABLING BUT DID NOT EXIST BEF AGE 22 0F1 CAPACITY FOR SGA - VOCATIONAL CONSIDERATIONS 0G1 ENGAGING IN SGA DESPITE IMPAIRMENT 0N1 IMPAIRMENT NO LONGER SEVERE AT TIME OF ADJUDICATION AND DID NOT LAST 12 MONTHS 0E1 IMPAIRMENT IS SEVERE AT TIME OF ADJUDICATION BUT NOT EXPECTED TO LAST 12 MONTHS 0E3 INSUFFICIENT EVIDENCE FURNISHED 0M5 FAILURE OR REFUSAL TO SUBMIT TO CONSULTATIVE EXAM 0M3 CLAIMANT WILLFULLY FAILS FOLLOW PRESCRIBED TREATMENT 0K1 DISABLED CHILD DENIAL - NO OTHER CODE APPLIES 0X3 DAA IS MATERIAL TO THE DETERMINATION OF DISABILITY 0Z1 BLANK - DEFAULT VALUE	
16	1	DENY-RDD-LOD	LEVEL OF DENIAL	NUMERIC

DESCRIPTION
LEVEL OF DENIAL
MANDATORY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES 1 - INITIAL 2 - RECON 3 - HEARING 4 - APPEAL 5 - COURT BLANK - DOES NOT APPLY	
17	1	DENY-CONV	DENY MBR CONVERSION INDICATOR	CHARACTER
			DESCRIPTION DENY DATA OCCURRENCE UPDATED BY MBR CONVERSION	
			POSSIBLE-VALUES Y - THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	7	WIM	WIDOWS INCREMENT MONTHS DATA GROUP	GROUP

DESCRIPTION
CONTAINS THE RESULTS OF CALCULATIONS OF WIDOWS DRC'S
ALL FIELDS, WITH THE EXCEPTION OF WIM-YR ARE OPTIONAL
HOWEVER, AT LEAST ONE FIELD MUST BE PRESENT IN ADDITION
TO WIM-YR. FIELDS WILL BE DEFINED BUT NOT IMPLEMENTED T2R3

0	2	WIM-YR-OF-DTH	WIDOWS INCREMENT NUMBER OF MONTHS IN THE YEAR OF DEATH	NUMERIC

DESCRIPTION
THE NUMBER OF SURVIVOR INCREMENT MONTHS WHICH APPLY TO
ENTITLEMENT IN THE YEAR OF DEATH

POSSIBLE-VALUES
00 THROUGH 84

2	2	WIM-JAN-AFTDTH	WIDOWS INCREMENT NUMBER OF MONTHS IN JANUARY AFTER DEATH	NUMERIC

DESCRIPTION
THE NUMBER OF SURVIVOR INCREMENT MONTHS WHICH APPLY TO
ENTITLEMENT IN JANUARY IN THE YEAR AFTER THE YEAR OF DEATH

POSSIBLE-VALUES
00 THROUGH 84

4	2	WIM-YR-REL-Y	WIDOWS INCREMENTS YEAR	PACKED

DATE-FORMAT
PACKED,YEARS REL-1800

DESCRIPTION
THE YEAR FOR WHICH THE SURVIVOR INCREMENT MONTH CALCULATIONS
ARE BASED. IT WILL BE EITHER THE YEAR OF NUMBER HOLDER DEATH
OR THE FOLLOWING YEAR
MANDATORY

6	1	WIM-CONV	WIDOWS INCREMENT MONTHS CONVERSION INDICATOR	CHARACTER

DESCRIPTION
WIM DATA OCCURENCE UPDATED BY MBR CONVERSION

POSSIBLE-VALUES
Y - THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE

CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE
BLANK - DOES NOT APPLY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	AMOF	AMOUNT OFFSET DATA GROUP	GROUP

DESCRIPTION
AMOUNT OFFSET DATA GROUP
EACH OCCURRENCE OF THIS GROUP DETAILS AMOUNTS SUBTRACTED
FOR THE BENEFICIARY DUE TO WC AND/OR PDB OFFSET.
MAXIMUM OF 60 OCCURRENCES.

0	3	AMOF-START-REL	AMOUNT OFFSET BEGIN DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF OFFSET
MANDATORY

3	3	AMOF-STOP-REL	AMOUNT OFFSET END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF OFFSET

6	3	AMOF-PDB-ONLY	AMOUNT OF PDB OFFSET	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
THE AMOUNT OF PDB OFFSET THAT IS SUBTRACTED EACH MONTH DURING
THE PERIOD REFLECTED IN THE START AND STOP DATES
CAN BE ZERO IF AMOF-WC-ONLY IS PRESENT. WHEN THE VALUE IS
ZERO QUERY WILL DISPLAY PDB ONLY $0.00 IF AMOF-WC-ONLY IS
GREATER THAN ZERO.

9	3	AMOF-WC-ONLY	AMOUNT OF WC OFFSET	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
THE AMOUNT OF WC OFFSET THAT IS SUBTRACTED EACH MONTH DURING

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			THE PERIOD REFLECTED IN THE START AND STOP DATES. CAN BE ZERO IF AMOF-PDB-ONLY IS PRESENT. WHEN THE VALUE IS ZERO, QUERY WILL DISPLAY WC-ONLY $0.00 IF AMOF-PDB ONLY IS GREATER THAN ZERO.	
12	1	AMOF-CONV	AMOUNT OFFSET DATA CONVERSION INDICATOR	CHARACTER

DESCRIPTION
THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF AN MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE

POSSIBLE-VALUES
Y - THIS OCCURRENCE OF THE DATA WAS THE RESULT OF A CONVERSION
BLANK - DOES NOT APPLY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	WRK	WORK DATA GROUP	GROUP

DESCRIPTION
WORK DATA GROUP
MAXIMUM OF 36 OCCURRENCES.
ALL DATA FIELDS WITH THE EXCEPTION OF WRK-START ARE OPTIONAL
HOWEVER, AT LEAST ONE OTHER FIELD MUST BE PRESENT. FIELDS
WILL BE DEFINED BUT NOT IMPLEMENTED WITH T2R3 RELEASE

0	3	WRK-START-REL	WORK START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF WORK DEDUCTIONS AT THIS AMOUNT
MANDATORY

3	3	WRK-STOP-REL	WORK STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF WORK DEDUCTIONS AT THIS AMOUNT
MANDATORY

6	3	WRK-DED-NH-WK	NUMBER HOLDER WORK DEDUCTION AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
THE AMOUNT SUBTRACTED MONTHLY FROM THE BENEFICIARY'S MBA DUE
TO WORK BY THE NUMBER HOLDER. IF THIS BENEFICIARY IS THE
NAME HOLDER, THEN THE AMOUNT WILL REFLECT THE NAME HOLDER
WORK DEDUCTION. CAN BE ZERO IF WRK-DED-OWN-WRK IS PRESENT.
MANDATORY

9	3	WRK-DED-OWN-WK	BENEFICIARY WORK DEDUCTION AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION THE AMOUNT SUBTRACTED MONTHLY FROM THE BENEFICIARY'S MBA DUE TO WORK BY THE BENEFICIARY. IF THIS BENEFICIARY IS THE NAME HOLDER, THEN THE AMOUNT WILL REFLECT THE NAME HOLDER WORK DEDUCTION. CAN BE ZERO IF WRK-DED-NH-WK IS PRESENT. MANDATORY	
12	1	WRK-CONV	WORK DATA GROUP CONVERSION INDICATOR	CHARACTER
			DESCRIPTION THE OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE POSSIBLE-VALUES Y - THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	10	PROT	PROTECTED PAYMENT DATA GROUP	GROUP

DESCRIPTION
PROTECTED PAYMENT DATA GROUP
NEEDED TO PROCESS RATE CHANGES CORRECTLY WHEN 202J1 HAS APPLIED
MAXIMUM OF 10 OCCURRENCES.
FIELDS WILL BE DEFINED BUT NOT IMPLEMENTED WITH T2R3 REWRITE

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	3	PROT-START-REL	PAYMENT PROTECTION START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
FIRST MONTH OF THE PERIOD OF PROTECTION AGAINST RATE CHANGES
MANDATORY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
3	3	PROT-STOP-REL	PAYMENT PROTECTION DATA STOP DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF THE PERIOD OF PROTECTION AGAINST RATE CHANGES

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
6	3	PROT-AMOUNT	PROTECTED PAYMENT DATA AMOUNT	PACKED

MONEY-FORMAT
$$$$C

DESCRIPTION
LAST MONTH OD THE PERIOD OF PROTECTION AGAINST RATE CHANGES
DUE TO THE LATE FILING OF A NEW BENEFICIARY FOR THIS
BENEFICIARY UNDER SECTION 202J1 WHICH COVERS PROVISIONS FOR
LATE FILERS

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
9	1	PROT-CONV	PROTECTED PAYMENT DATA CONVERSION INDICATOR	CHARACTER

DESCRIPTION
THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR
CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE

POSSIBLE-VALUES
Y - THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	46	FEAR	FEE ESTABLISHED FOR APPOINTED REPRESENTATION DATA GROUP	GROUP
			DESCRIPTION STORES APPOINTED REPRESENTATION FEE DATA HISTORICALLY MAXIMUM OF 10 OCCURRENCES *** NOT ACTIVATED FOR T2R3 ***	
0	3	FEAR-DEC-DATE-REL-D	ALJ/HEARING DECISION DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE DATE OF THE ALJ/HEARING DECISION TO AWARD BENEFITS	
3	2	FEAR-ACIC	APPOINTING CLAIMANT IDENTIFICATION CODE	CHARACTER
			DESCRIPTION THE CLAIMANT WHO SIGNED THE AGREEMENT WITH THE REPRESENTATIVE IS THE APPOINTING CLAIMANT	
5	3	FEAR-ESTABLISH-REL-D	APPOINTED REPRESENTATIVE FEE ESTABLISHMENT DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION THE ACTUAL DAY AN OCCURRENCE OF FEAR WAS UPDATED TO THE MBR (MMDDYYYY)	
8	4	FEAR-AMT-HELD	APPOINTED REPRESENTATIVE AMOUNT WITHHELD	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION AMOUNT WITHHELD FROM ALL BENES FOR THIS APPOINTED REPRESENTATION PERIOD	
12	5	FEAR-DUE-BENE	APPOINTED REPRESENTATION TOTAL FEE PAST DUE BENEFITS	PACKED
			MONEY-FORMAT $$$$$$$CC	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION CONTAINS THE CUMULATIVE PAST DUE BENEFITS TO ALL BENES ON THE ACCOUNT FROM WHICH APPOINTED REPRESENTATIVE FEES ARE WITHHELD FOR THIS REPRESENTATIVE PERIOD	
17	3	FEAR-START-REL	APPOINTED REPRESENTATION FEE START MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION FIRST MONTH OF RETROACTIVE BENEFITS (MMYYYY)	
20	3	FEAR-STOP-REL	APPOINTED REPRESENTATION FEE STOP MONTH	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION LAST MONTH OF RETROACTIVE BENEFITS (MMYYYY)	
23	4	FEAR-AGMT-AMT	APPOINTED REPRESENTATION FEE AGREEMENT AMOUNT	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION APPOINTED FEE AMOUNT	
27	4	FEAR-EXCSS-HLD	APPOINTED REPRESENTATION FEE EXCESS AMOUNT HELD	PACKED
			MONEY-FORMAT $$$$$CC	
			DESCRIPTION EXCESS MONEY THAT WAS WITHHELD TO PAY THE APPOINTED REPRESENTATIVE AND RELEASE TO THE BENEFICIARY	
31	3	FEAR-EXCSS-PD-REL-D	APPOINTED REPRESENTATION FEE EXCESS RELEASE DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800	
			DESCRIPTION	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DATE THE EXCESS MONEY WAS RELEASED TO THE BENE (MMDDYYYY)	
34	1	FEAR-EXCSS-RSN	APPOINTED REPRESENTATION FEE EXCESS REASON	CHARACTER
			DESCRIPTION APPOINTED REPRESENTATION FEE EXCESS REASON POSSIBLE-VALUES D = DIRECT PAYMENT OF FEE WAIVED F = FEE WAIVED P = PROTEST APPROVED R = REDUCED FEE TO LEGAL REPRESENTATIVE W = SYSTEM WITHHELD MORE MONEY THAN AUTHORIZED FEE	
35	1	FEAR-CONV	APPOINTED REPRESENTATIVE CONVERSION INDICATOR	CHARACTER
			DESCRIPTION FEAR CONVERSION INDICATOR POSSIBLE-VALUES Y = THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE BLANK =	
36	10		FILLER	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	90	GPD	GOVERNMENT PENSION DATA GROUP	GROUP

DESCRIPTION
GOVERNMENT PENSION DATA GROUP
NEEDED FOR CORRECT COMPUTATION OF GOVERNMENT PENSION OFFSET
MAXIMUM OF 3 OCCURRENCES.

0	15	GPD-PENS-ID	GOVERNMENT PENSION IDENTIFICATION NUMBER	CHARACTER

DESCRIPTION
CLAIM IDENTIFIER FOR THE BENEFICIARY'S GOVERNMENT PENSION
MANDATORY

POSSIBLE-VALUES

15	1	GPD-PENS-SRC	GOVERNMENT PENSION AGENCY TYPE	CHARACTER

DESCRIPTION
IDENTIFIES WHAT TYPE OF GOVERNMENT AGENCY IS PAYING THE PENSION
MANDATORY UNLESS GPD-CONV = Y

POSSIBLE-VALUES
F - FEDERAL
L - LOCAL
M - MILITARY
S - STATE

16	1	GPD-SURV-PEN	SURVIVOR PENSION INDICATOR	CHARACTER

DESCRIPTION
SURVIVOR PENSION BEING RECEIVED ON ANOTHER PERSON'S ACCOUNT
OFFSET ONLY APPLIES BASED ON A PENSION FOR THE BENEFICIARY'S
OWN WORK

POSSIBLE-VALUES
Y - SURVIVOR'S PENSION APPLIES
BLANK - DOES NOT APPLY

17	1	GPD-LDAY-CVSS	GOVERNMENT PENSION LAST DATE EMPLOYMENT COVERED BY SS	CHARACTER

DESCRIPTION
LAST DAY EMPLOYMENT COVERED

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			POSSIBLE-VALUES Y - LAST DAY EMPLOYMENT COVERED APPLIES BLANK - DOES NOT APPLY	
18	1	GPD-LDAYSS-PF	LAST DAY EMPLOYMENT COVERED PROOF	CHARACTER
			DESCRIPTION PROOF FOR LAST DAY COVERED UNDER SOCIAL SECURITY POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
19	1	GPD-LDAY-CVPEN	LAST DAY PENSION PLAN COVERED	CHARACTER
			DESCRIPTION THE LAST DAY OF STATE, LOCAL OR MILITARY EMPLOYMENT WAS COVERED UNDER THE PENSION PLAN POSSIBLE-VALUES Y = LAST DAY PENSION COVERED APPLIES BLANK - DOES NOT APPLY	
20	1	GPD-LDAYPEN-PF	LAST DAY PENSION COVERED PROOF	CHARACTER
			DESCRIPTION PROOF FOR LAST DAY COVERED UNDER PENSION PLAN POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
21	3	GPD-ELIG-DATE-REL-D	PENSION ELIGIBILITY DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION FIRST ELIGIBILITY DATE TO THE PENSION, NOT NECESSARILY THE DATE OF ENTITLEMENT TO THE PENSION MANDATORY UNLESS GPD-CONV = Y OR GPD-SURV-PEN = Y	
24	1	GPD-ELIG-DT-PF	PENSION ELIGIBILITY DATE PROOF	CHARACTER
			DESCRIPTION	

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			PROOF OF DATE OF PENSION ELIGIBILITY MANDATORY UNLESS GPD-CONV = Y OR GPD-SURV-PEN = Y POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
25	1	GPD-HALF-SUPP	HALF SUPPORT REQUIREMENT	CHARACTER
			DESCRIPTION THE HALF SUPPORT REQUIREMENT, OR THE EXCLUSION TO HALF SUPPORT REQUIREMENT, FOR OFFSET EXEMPTION DETERMINATION HAS BEEN MET POSSIBLE-VALUES Y - 1/2 SUPPORT REQUIREMENT BLANK - DOES NOT APPLY	
26	1	GPD-SUPP-PF	HALF SUPPORT PROOF	CHARACTER
			DESCRIPTION PROOF OF HALF SUPPORT POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
27	1	GPD-NC-MIL-RES	NON-COVERED MILITARY RESERVE PENSION INDICATOR	CHARACTER
			DESCRIPTION NON-COVERED MILITARY RESERVE PENSION HAS BEEN RECEIVED POSSIBLE-VALUES Y - NON COVERED MILITARY RESERVE PENSION HAS BEEN RECEIVED BLANK - NO DISPLAY	
28	1	GPD-NC-RES-PF	NON COVERED MILITARY RESERVE PENSION PROOF INDICATOR	CHARACTER
			DESCRIPTION PROOF OF NON-COVERED MILITARY RESERVE PENSION POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
29	1	GPD-FED-CVSS	FEDERAL EMPLOYMENT COVERED UNDER SS	CHARACTER

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION FEDERAL EMPLOYMENT COVERED UNDER SOCIAL SECURITY POSSIBLE-VALUES Y - FEDERAL EMPLOYMENT WAS COVERED UNDER SOCIAL SECURITY BLANK - DOES NOT APPLY	
30	1	GPD-FEDCV-PF	COVERED FEDERAL EMPLOYMENT PROOF	CHARACTER
			DESCRIPTION PROOF OF COVERED FEDERAL EMPLOYMENT POSSIBLE-VALUES Y = PROVEN BLANK - NOT PROVEN	
31	1	GPD-MNDTORY-CV	GOVERNMENT PENSION MADATORY FEDERAL EMPLOYMENT COVERAGE TYPE	NUMERIC
			DESCRIPTION MANDATORY FEDERAL EMPLOYMENT COVERAGE TYPE POSSIBLE-VALUES 1 - HIRED AFTER 12/31/83 2 - REHIRED AFTER 12/31/83 WITH AT LEAST 365 DAY BREAK 3 - LEGISLATIVE BRANCH EMPLOYEE WHO DISCONTINUED CSRS ZERO - DOES NOT APPLY	
32	1	GPD-MNDTORY-PF	GOVERNMENT PENSION PROOF OF MANDATORY COVERAGE INDICATOR	CHARACTER
			DESCRIPTION PROOF OF MANDATORY COVERAGE POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
33	3	GPD-ELEC-DATE-REL-D	FEDERAL ELECTION OF COVERAGE DATE	PACKED
			DATE-FORMAT PACKED,DAYS REL-1800 DESCRIPTION THE DATE OF ELECTION OF COVERAGE OF FEDERAL EMPLOYMENT UNDER SOCIAL SECURITY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
36	1	GPD-ELEC-PF	GOVERMENT PENSION DATA PROOF OF ELECTION DATE	CHARACTER

DESCRIPTION
PROOF OF ELECTION DATE

POSSIBLE-VALUES
Y - PROVEN
BLANK - NOT PROVEN

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
37	1	GPD-AGCY-ALLWD	FEDERAL AGENCY ALLOWED ELECTION OF COVERAGE INDICATOR	CHARACTER

DESCRIPTION
ELECTION OF COVERAGE ALLOWED BY EMPLOYING FEDERAL AGENCY

POSSIBLE-VALUES
Y - ALLOWED BY EMPLOYING FEDERAL AGENCY
BLANK - NO DISPLAY

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
38	1	GPD-ALLWD-PF	FEDERAL AGENCY ALLOWED ELECTION PROOF INDICATOR	CHARACTER

DESCRIPTION
PROOF THAT THE FEDERAL AGENCY ALLOWED THE ELECTION

POSSIBLE-VALUES
Y - PROVEN
BLANK - NOT PROVEN

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
39	1	GPD-RETRO-CORR	GOVERNMENT PENSION FEDERAL RETROACTIVE CORRECTION INDICATOR	CHARACTER

DESCRIPTION
RETROACTIVE CORRECTION OF COVERAGE BY OPM OR MSPB. ELECTION
OF COVERAGE ALLOWED BY OPM OR MSPB AFTER PERSON'S APPLICATION
FOR FERS IS DENIED BY EMPLOYING AGENCY

POSSIBLE-VALUES
Y = RETROACTIVE CORRECTION ALLOWED
BLANK - DOES NOT APPLY OR NOT ALLOWED

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
40	1	GPD-CORR-PF	GOVERNMENT PENSION RETROACTIVE CORRECTION PROOF	CHARACTER

DESCRIPTION
PROOF OF ELECTION DATE

POSSIBLE-VALUES
Y - PROVEN

DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			BLANK - NOT PROVEN	
41	3	GPD-60-MTH-DT-REL	COVERED FEDERAL EMPLOYMENT 60TH MONTH DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION 60TH MONTH OF COVERED FEDERAL EMPLOYEE	
44	1	GPD-60-MTH-PF	COVERED FEDERAL EMPLOYEE 60TH MONTH PROOF INDICATOR	CHARACTER
			DESCRIPTION PROOF OF 60TH MONTH DATE	
			POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
45	3	GPD-FERS-DT-REL	FERS START DATE	PACKED
			DATE-FORMAT PACKED,MONTHS REL-1800	
			DESCRIPTION FIRST MONTH THE PERSON RECEIVES A PENSION PAYMENT UNDER FERS	
48	1	GPD-FERS-PF	GOVERMENT PENSION FERS PROOF INDICATOR	CHARACTER
			DESCRIPTION PROOF OF FERS DATE	
			POSSIBLE-VALUES Y - PROVEN BLANK - NOT PROVEN	
49	2	GPD-PLAN-STATE	GOVERNMENT PENSION PLAN STATE	CHARACTER
			DESCRIPTION STATE RESPONSIBLE FOR STATE OR LOCAL PENSION. THIS WILL BE ENTERED ONLY IF THE USER WANTS IT	
			POSSIBLE-VALUES STATE CODE BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
51	10	GPD-PLAN-NAME	GOVERNMENT PENSION PLAN NAME	CHARACTER

DESCRIPTION
PLAN NAME IS THE ACRONYM OR ACTUAL NAME OF THE PENSION PLAN
THIS WILL BE FREE FORM DEFINED BY THE USER

POSSIBLE-VALUES
BLANK

61	3	GPD-FUT-ENT-DT-REL	FUTURE PENSION ENTITLEMENT DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THIS WILL BE ENTERED ONLY IF THE USER WANT IT TO BE

64	3	GPD-EXP-INC-DT-REL	PENSION EXPECTED INCREASE DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
DATE OF EXPECTED PENSION INCREASE
THIS WILL BE ENTERED ONLY IF THE USER WANTS IT TO BE

67	3	GPD-VERIF-DT-REL	PENSION LAST VERIFIED DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE DATE THAT PENSION INFORMATION WAS LAST VERIFIED.
THIS WILL BE ENETERED ONLY IF THE USER WANTS IT TO BE

70	5	GPD-GROSS-AMT	GROSS LUMP SUM AMOUNT	PACKED

MONEY-FORMAT
$$$$$$$CC

DESCRIPTION
GROSS AMOUNT OF THE LUMP SUM PENSION PAYMENT

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
75	3	GPD-LS-AWD-DT-REL-D	LUMP SUM PENSION AWARD DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE DATE OF THE LUMP SUM PENSION AWARD

78	3	GPD-SPECI-STRT-REL-D	LUMP SUM AWARD PRORATION START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE FIRST DATE OF THE LUMP SUM PRORATION AS SPECIFIED IN THE AWARD

81	3	GPD-SPECI-STOP-REL-D	LUMP SUM PRORATION STOP DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE LAST DATE OF THE LUMP SUM AWARD PRORATION AS SPECIFIED IN THE AWARD

84	5	GPD-LS-MTH-AMT	GOVERNMENT PENSION LUMP SUM MONTHLY AMOUNT	PACKED

MONEY-FORMAT
$$$$$$CC

DESCRIPTION
THE MONTHLY AMOUNT SPECIFIED IN THE LUMP SUM PENSION AWARD OR THE AMOUNT ATTRIBUTABLE LUMP SUM PRORATION IF MONTHLY PENSION AND LUMP SUM ARE BOTH AWARDED

89	1	GPD-CONV	GOVERNMENT PENSION DATA CONVERSION INDICATOR	CHARACTER

DESCRIPTION
THIS GOVERNMENT PENSION DATA OCCURRENCE WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE

POSSIBLE-VALUES
Y - THIS OCCURRENCE OF DATA WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE
BLANK - DOES NOT APPLY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	13	GPP	GOVERNMENT PENSION PAYMENT DATA GROUP	GROUP

DESCRIPTION
GOVERNMENT PENSION PAYMENT DATA GROUP
MAXIMUM OF 72 OCCURRENCES.

0	1	GPP-PENS-PTR	GOVENMENT PENSION PAYMENT POINTER	NUMERIC

DESCRIPTION
POINTER TO THE GOVERNMENT PENSION TO WHICH THE PAYMENTS APPLY
MANDATORY

POSSIBLE-VALUES
1 -
2 -
3 -

1	3	GPP-PENS-START-REL-D	GOVERNMENT PENSION START DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE FIRST DATE OF THIS GOVERNMENT PENSION AMOUNT
MANDATORY

4	3	GPP-PENS-STOP-REL-D	GOVERNMENT PENSION STOP DATE	PACKED

DATE-FORMAT
PACKED,DAYS REL-1800

DESCRIPTION
THE LAST DATE THAT THIS PENSION AMOUNT APPLIES

7	5	GPP-PENS-AMT	GOVERNMENT PENSION AMOUNT	PACKED

MONEY-FORMAT
$$$$$$$CC

DESCRIPTION
THE AMOUNT OF THE GOVERNMENT PENSION
MANDATORY

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
12	1	GPP-PENS-FREQ	GOVERNMENT PENSION PAYMENT FREQUENCY	CHARACTER

DESCRIPTION
GOVERNMENT PENSION PAYMENT FREQUENCY
MANDATORY

POSSIBLE-VALUES
A - ANNUAL
W - WEEKLY
M - MONTHLY
T - TWICE MONTHLY
E - EVERY TWO WEEKS
D - EVERY 28 DAYS

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	5	GPE	GOVERNMENT PENSION OFFSET EXEMPTION DATA GROUP	GROUP

DESCRIPTION
GOVERNMENT PENSION EXEMPTION OFFSET DATA GROUP
MAXIMUM OF 3 OCCURRENCES.

0	1	GPE-PENS-PTR	GPP GPD POINTER	NUMERIC

DESCRIPTION
POINTER TO THE GOVERNMENT PENSION TO WHICH THE PENSION
PAYMENTS APPLY

POSSIBLE-VALUES
1
2
3

1	1	GPE-EXMPT-RSN	GOVERNMENT PENSION OFFSET EXEMPTION REASON	CHARACTER

DESCRIPTION
GOVERNMENT PENSION OFFSET EXEMPTION REASON

POSSIBLE-VALUES
1 - APP AND MOE BEFORE 12011977
2 - LAST DAY STATE/LOCAL EMPLOYMENT COVERED UNDER SS
3 - FEDERAL EMPLOYMENT COVERED UNDER SS
4 - ELIGIBILITY PRE-121982 AND 1977 REQUIREMENTS MET
5 - ELIGIBILITY PRE-071983 AND HALF SUPPORT MET
6 - ELIGIBILITY 111982 OR 061983 AND 1977 REQUIREMENTS MET
7 - NON COVERED MILITARY RESERVE PENSION
8 - SURVIVOR PENSION ON ANOTHER ACCOUNT
9 - PREVIOUSLY ESTABLISHED (FOR MBR CONVERSION)

2	3	GPE-EXMPT-STRT-REL	GOVERNMENT PENSION OFFSET EXEMPTION START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE MONTH/YEAR THE GOVERNMENT PENSION OFFSET EXEMPTION STARTED

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	20	GPM	GOVERNMENT PENSION MONTHLY DATA GROUP	GROUP

DESCRIPTION
GOVERNMENT PENSION MONTHLY DATA GROUP
THIS GROUP STORES THE RESULTS OF THE GP COMPUTATION
MAXIMUM OF 72 OCCURRENCES.

0	3	GPM-START-REL	GOVERNMENT PENSION MONTHLY START DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
THE FIRST MONTH OF OFFSET FOR THIS OCCURRENCE
MANDATORY

3	3	GPM-STOP-REL	GOVERNMENT PENSION MONTHLY END DATE	PACKED

DATE-FORMAT
PACKED,MONTHS REL-1800

DESCRIPTION
LAST MONTH OF OFFSET FOR THIS OCCURRENCE

6	5	GPM-TOTAL-PENS	TOTAL MONTHLY GOVERNMENT PENSION AMOUNT	PACKED

MONEY-FORMAT
$$$$$$CC

DESCRIPTION
TOTAL AMOUNT OF GOVERNMENT PENSION(S) AFTER ANY CONVERSION
OF THE RECURRING PENSION AMOUNT AND ADDITION OF THE MONTHLY
PRORATED LUMP SUM, IF APPLICABLE. TWO-THIRDS OF THIS AMOUNT
WILL BE THE MAXIMUM OFFSET AMOUNT FOR THIS OCCURRENCE
MANDATORY

POSSIBLE-VALUES
ZEROS - DEFAULT VALUE

11	5	GPM-LS-AMT	GOVERNMENT PENSION LUMP SUM AMOUNT	PACKED

MONEY-FORMAT
$$$$$$CC

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
			DESCRIPTION LUMPSUM PRORATED MONTHLY THAT IS INCLUDED IN THE TOTAL PENSION	
16	3	GPM-WTHLD-AMT	GOVERNMENT PENSION MONTHLY AMOUNT WITHHELD	PACKED
			MONEY-FORMAT $$$$C DESCRIPTION THE ACTUAL AMOUNT WITHHELD FROM EACH MONTH'S SS BENEFIT IT MAY BE LESS THAN THE MAXIMUM GP OFFSET AMOUNT BECAUSE IT CANNOT BE LARGER THAN THE MBA MANDATORY UNLESS GPM-CONV = Y	
19	1	GPM-CONV	GOVERNMENT PENSION MONTHLY CONVERSION INDICATOR	CHARACTER
			DESCRIPTION THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR CONVERSION OF OLD DATA FIELDS WITH THE MBR REWRITE POSSIBLE-VALUES Y - THIS OCCURRENCE OF THE DATA GROUP WAS THE RESULT OF MBR BLANK - DOES NOT APPLY	

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0	50	BENE-OPEN-INDS	OPEN SPACE FOR 50 FUTURE Y/N INDICATORS AS YET UNDEFINED	CHARACTER

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DISP	LENGTH	ACRONYM	NAME AND ATTRIBUTE INFORMATION	TYPE
0				
0	11145		FILLER	

APPENDIX F

FILE LAYOUT OF THE SSR: SUPPLEMENTAL SECURITY RECORD

1/27/2010 **SSI Longitudinal File** **TAB D**

Record Description Effective 2003/09

Location		Field Name	Action	Acronym	Size		Format	Type
1		Housed Under Number		HUN	9			N
10		Social Security Number		PAN	9			N
19		Transaction Code (Type of Action)		TOA	2			A/N
21		Comp. Status Type of Action (most current)		COMP-STAT-TOA	2			A/N
23		Master File Type Code		MFT	2			A/N
25		Earliest Computation Date		START-RD	6		CCYYMM	N
31		Filler		----	9			A/N
40		Application Type		AP-TYPE	1			A/N
41		Record Establishment Date		RCD-EST-JD	8		CCYYMMDD	N
49		Date of Birth		BIRTH-JD	8		CCYYMMDD	N
57		Date of Death		DEATH-JD	8		CCYYMMDD	N
65		MBR Ledger Account File Code		LAF	2			A/N
67		Current Payment Status		CURSTAT	3			A/N
70		Sex		SEX	1			A/N
71		Race		RACE	1			A/N
72		Date of Current Eligibility		ELG-RD	6		CCYYMM	N
78		Application Date (current)		APPL-JD	8		CCYYMMDD	N
86		8080 Date		8080-JD	8		CCYYMMDD	N
94		Transmitting District Office Code		X-MITNG-DO	3			A/N
97		Title 8 Veteran		T8VET	1			A/N
98		Denial Code		DENCDE	3			A/N
101		Date of Denial		DENIAL-JD	8		CCYYMMDD	N
109		Filler		----	3			A/N
112		Date Claim Filed		CLM-FIL-JD	8		CCYYMMDD	N
120		Disability Payment Code		DISPAYCDE	1			A/N
121		Date Forward to Dis. Detr. Unit		STAG-FLD-JD	8		CCYYMMDD	N
129		Filler		----	1			A/N
130		Presumptive DIB Payment Start Date		START-PREDIB-RD	6		CCYYMM	N
136		Primary Disability Diagnostic Code		DIB-DIG	4			A/N
140		Secondary Disability Diagnostic Code		DIB-DIG2	4			A/N
144		Medical Diary Reason		DIB-MDR	1			A/N
145		Permanent Disability Ind.		DIB-DPM	1			A/N
146		Residence State/County/DO Code		PDSCC	6		SSCCCD	N
152		Payee's Zip Code		PDZIP	5			N
157		Payee's Zip Code Suffix		PDZIP6-9	4			N
161		District Office Code		DO	3			A/N
164		Rep. Payee Date of Selection / Change		REP-PAY-JD	8		CCYYMMDD	N
172		Type of Payee Code		REPPAYTYP	3			A/N
175		Custody Code		REPCUS	3			A/N
178		Applicant's Address Zip Code		AAZIP	5			N
183		Applicant's Address Zip Code Suffix		AAZIP6-9	4			N
187		Stale Record Indicator		STALE-RCD-IND	1			N
188		Number of Payment Entries Present		NOP-9	3			N
191		Date of Selection	*	SEL-DATE	6		CCYYMM	N
197		First Payment Date (this record)	*	FIRST-PAY-DTE	8		CCYYMMDD	N
205		State & County Conversion Code		STCOCNV	5		SSCCC	A/N
210		Guardian / Competency Code		REP-GC	1			A/N
211		Filler		----	6			A/N
217		Stop Date		STOP-RD	6		CCYYMM	N
223		Written Language Preference		LANG-PREF-WRITTEN	2			A/N
225		Date of Reversal of Initial Denial		REV-JD	8		CCYYMMDD	N
233		Number of (comp) Entries	N	NOE	3			N
236		Filler	S	----	21			A/N

Record Description Effective 2003/09

Location	Field Name	Action	Acronym	Size	Format	Type
	------ HISTORY DATA ------					
	Occurs 504 times representing all months from 1974/01 thru 2004/07 sequentially beginning with 1974/01					
	1974/01 257 to 297 1974/02 298 to 338 .... 2015/12 20,880 to 20,920					
257	Month of Computation	NC	CMTH-RD	6	CCYYMM	N
263	Payment Status Code	C	PSTAT	3		A/N
266	Living Arrangement Code	C	LIVF	1		A/N
267	State Concurrent Eligibility Ind.	C	STCONCATM	1		A/N
268	Ticket to Work Status Ind.	C	TKT-STAT-IND	1		A/N
269	Chargeable Earned Income Amt.	C	EINCM	4	$$$$	N
273	Chargeable Unearned Income Amt.	C	UINCM	4	$$$$	N
277	Federal Assistance Amount	C	FEDAMT	3	$$$	N
280	Current Amount of State Supp.	C	SUPAMT	3	$$$	N
283	Medical and Soc. Serv. Income Test	C	MEDTEST	1		A/N
284	Current Composition Code	NC	CUR-COMP	1		N
285	Federal Money Amount (payment)	S	FEDPMT	6	$$$$$$	N
291	State Supplementation Amount (payment)	S	STATPMT	6	$$$$$$	N
297	Statutory Benefit Continuation Payment Ind	N*	PAY-STATBC-IND	1		A/N
298	Remaining 503 Occurrences			20,623		
to 20,920						
	(Consider selection month as last valid occurrence of history data although data is propagated 3 months past selection date)					

Record length = 20,920 characters

* = Not directly derived from SSR

A = Acronym name change - this record

C = Computation data fields

D = Deleted Field - this record

F = Field name change - this record

233	NOE
257	CMTH-RD
284	CUR-COMP
297	PAY-STATBC-IND

M = Modified field - this record

N = New field - this record

236	FILLER
285	FEDPMT
291	STATPMT

S = Size change - this record

APPENDIX G

FILE LAYOUT OF THE SSR EXTRACT: SSI ADDRESS FILE

SSI Address File

TAB C

1/27/2010

Effective Date 04/2004

Location	Field Name	Action	Acronym	Size	Type	Format
1	Housed Under Number		HUN	9	N	
10	Social Security Number		PAN	9	N	
19	Transaction Code (Type Of Action)		TOA	2	A/N	
21	Master File Type Code		MFT	2	A/N	
23	Record Identification Code		RIC	1	A/N	
24	Stale Record Indicator		STALE-RCD-IND	1	A/N	
25	Title 8 Veteran		T8VET	1	A/N	
26	Comp. Status Type Of Action (most current)		COMP-STAT-TOA	2	A/N	
28	Record Establishment Date		RCD-EST-JD	8	N	CCYYMMDD
36	Date Of Birth		BIRTH-JD	8	N	CCYYMMDD
44	Date Of Death		DEATH-JD	8	N	CCYYMMDD
52	MBR - Ledger Account File Code		LAF	2	A/N	
54	Sex		SEX	1	A/N	
55	Race		RACE	1	A/N	
	Name Of Claimant / Recipient					
56	First Name	N	CLMT-1ST-NAM	15	A/N	
71	Middle Name	N	CLMT-MID-NAM	15	A/N	
86	Last Name	N	CLMT-LST-NAM	20	A/N	
106	Name Suffix	N	CLMT-NAM-SUFFX	4	A/N	
110	Date Of Current Eligibility		ELG-RD	6	N	CCYYMM
116	Application Date (current)		APPL-JD	8	N	CCYYMMDD
124	Recipient's Telephone Number		TELNO	10	N	
134	Transmitting District Office Code		X-MITTING-DO	3	A/N	
137	Denial Code		DENCDE	3	A/N	
140	Date Of Denial		DENIAL-JD	8	N	CCYYMMDD
148	Date Claim Filed		CLM-FIL-JD	8	N	CCYYMMDD
156	Written Language Preference		LANG-PREF-WRITTEN	2	A/N	
158	Spoken Language Code		LANG-PREF-SPOKEN	2	A/N	
160	Primary Disability Diagnostic Code		DIB-DIG	4	A/N	
	Claimant / Recipient's Mailing Address - always present					
164	Current Payment Address Control Flag		CURR-PD-CTRL	1	A/N	
165	Residence State & County & Servicing DO Code		PDSCC	6	A/N	SSCCCD
171	Payee's Zip Code		PDZIP	5	A/N	
176	Payee's Zip Code Suffix of Payee		PDZIP6-9	4	A/N	
180	Zip Code Routing & Carrier No.		PDZIP10-14	5	A/N	
185	Address Change Date		ADDR-CHG-JD	8	N	CCYYMMDD
193	District Office Code		DO	3	A/N	
196	Payee City		PD-CITY	22	A/N	
218	Payee State Name		PD-STNAME	2	A/N	
220	Payee Foreign Country		PD-FRN-CNTRY	35	A/N	
255	Number of Lines for Address		PDNUM	1	A/N	
256	Name and Mailing Address of Claimant/Recipient (6 x 35)		PDNAMADR	210	A/N	

SSI Address File

TAB C

1/27/2010

Effective Date 04/2004

Location	Field Name	Action	Acronym	Size	Type	Format
	Representative Payee Data (present if REP-PAY-CTL = 'Y')					
466	Representative Payee Control Flag	N	REP-PAY-CTL	1	A/N	
	Representative Payee's Name					
467	First Name	N	REP-1ST-NAM	15	A/N	
482	Middle Name	N	REP-MID-NAM	15	A/N	
497	Last Name	N	REP-LST-NAM	20	A/N	
517	Name Suffix	N	REP-NAM-SUFFIX	4	A/N	
521	Rep Payee Agency Name	N	REP-AGCY-NAME	40	A/N	
561	Rep. Payee Date of Selection or Change		REP-PAY-JD	8	N	CCYYMMDD
569	Type Of Payee Code		REPPAYTYP	3	A/N	
572	Guardian/Competency Code		REPGC	1	A/N	
573	Custody Code		REPCUS	3	A/N	
576	Rep Payee Written Language Preference		REP-LANG-PREF-WRITTEN	2	A/N	
578	Rep Payee Spoken Language Preference		REP-LANG-PREF-SPOKEN	2	A/N	
580	Rep Payee Telephone Number	N	REP-TELNO	10	N	
590	Rep Payee Address Change Date	N	REP-ADDR-CHG-JD	8	N	CCYYMMDD
598	Rep Payee Zip Code	N	REP-ZIP	5	A/N	
603	Rep Payee Zip Code Suffix	N	REP-ZIP6-9	4	A/N	
607	Rep Payee Zip Code Routing and Carrier No.	N	REP-ZIP10-14	5	A/N	
612	Rep Payee City	N	REP-CITY	22	A/N	
634	Rep Payee State	N	REP-STNAME	2	A/N	
636	Rep Payee Foreign Country	N	REP-FRN-CNTRY	35	A/N	
671	Rep Payee Number of Lines for Address	N	REP-LNG	9	A/N	
680	Rep Payee Length Control	N	REP-LNGCTL	1	A/N	
681	Rep Payee Mailing Address (4 x 35)	N	REP-ADDR-MUL	140	A/N	
	Claimant / Recipient's Residence Address					
821	Applicant Address Control Flag		APPL-ADDR-CTL	1	A/N	
822	Applicant's Address Zip Code		AAZIP	5	A/N	
827	Applicant's Address Zip Code Suffix		AAZIP6-9	4	A/N	
831	Applicants Zip Code Routing & Carrier No.		AAZIP-10-14	5	A/N	
836	Applicant City		AA-CITY	22	A/N	
858	Applicant State		AA-STNAME	2	A/N	
860	Number of Lines for Address		AALNG	1	N	
861	Length Control		LNGCTL	1	A/N	
862	Applicant's Address (5 x 35)		AA-ADDR	175	A/N	

Effective Date 04/2004

Location	Field Name	Action	Acronym	Size	Type	Format
	Authorized Representative Data (present if ATHREP-CTL = 'Y')					
1037	Authorized Representative Data Control Field		ATHREP-CTL	1	A/N	
1038	Authorized Representative Type		ATHREP-TYPE	1	A/N	
1039	Authorized Representative Telephone Number		ATHREP-TELNO	10	A/N	
1049	Authorized Representative Zip Code		ATHREP-ZIP	5	A/N	
1054	Zip Code Suffix of Authorized Representative		ATHREP-ZIP6-9	4	A/N	
1058	Authorized Rep. Zip Code Routing & Carrier No.		ATHREP-ZIP10-14	5	A/N	
1063	Authorized Representative First Name		ATHREP-1ST-NAME	15	A/N	
1078	Authorized Representative Middle Name		ATHREP-MID-NAME	15	A/N	
1093	Authorized Representative Last Name		ATHREP-LST-NAME	20	A/N	
1113	Authorized Representative City		ATHREP-CITY	22	A/N	
1135	Authorized Representative State		ATHREP-STNAME	2	A/N	
1137	Authorized Representative End of Rep. Date		ATHREP-END-REP-JD	8	N	CCYYMMDD
1145	Authorized Representative No. of Lines for Address		ATHREP-LNG	1	N	
1146	Authorized Representative Length Control		ATHREP-LNGCTL	1	A/N	
1147	Authorized Representative Mailing Address (5x35)		ATHREP-ADDR	175	A/N	
1322	No. of Payment Entries Present		NOP-9	3	N	
1325	Federal Money Amount (current month payment)	S*	FEDPMT	6	N	$$$$$$
1331	State Supp Amount (current month payment)	S*	STATPMT	6	N	$$$$$$
	---------- Computational Data ----------					
	(Contains data for month AFTER selection date (SEL-DATE), except as indicated.)					
1337	Payment Status Code - (current month)	C	PSTAT-CUR	3	A/N	
1340	Payment Status Code	C	PSTAT	3	A/N	
1343	Living Arrangements Code	C	LIVF	1	A/N	
1344	Optional State Supplementation Code	C	OSCD	1	A/N	
1345	Federal Assistance Amount - (current month)	C	FEDAMT-CUR	3	N	$$$
1348	Current Amount Of State Supp. - (current month)	C	SUPAMT-CUR	3	N	$$$
1351	Federal Assistance Amount	C	FEDAMT	3	N	$$$
1354	Current Amount Of State Supp.	C	SUPAMT	3	N	$$$
1357	Current Composition Code (current month)	NC	CUR-COMP-CUR	1	A/N	
1358	Welfare Indicator (current month)	NC	WELF-CUR	1	A/N	
1359	Multiple Eligible Child (current month)	NC	MULT-ELIG-CHLD-CUR	2	N	
	-------- Additional Derived Data --------					
1361	Date Of File Selection (cutoff date)	*	SEL-DATE	8	N	CCYYMMDD
1369	PSTAT After Last C01 / M01 / M02	*	PSTAT-LST	3	A/N	
1372	PSTAT After Last C01 / M01 / M02 Date	*	PSTAT-LST-DATE	6	N	CCYYMM
1378 to 1405	Filler		------	28	A/N	

SSI Address File

TAB C

Effective Date 04/2004

Location	Field Name	Action	Acronym	Size	Type	Format

continued

Record length = 1405 characters

* = Not directly derived from SSR

A = Acronym name change - this record

C = Computation data fields
(Contains data for month AFTER selection date (SEL-DATE), except as indicated.)

D = Deleted Fields - this record

56	APLFNAM
66	APLMNAM
67	APLSNAM
132	LANG-PREF-CONV-CDE
232	FLON
233	PDFLOA
445	REPCTL1
461	REP-LANG-PREF-CONV-CDE

F = Field name change - this record

M = Modified field - this record

N = New field - this record

56	CLMT-1ST-NAM
71	CLMT-MID-Nam
86	CLMT-LST-NAM
106	CLMT-NAM-SUFFX
466	REP-PAY-CTL
467	REP-1st-NAM
482	REP-MID-NAM
497	REP-LST-NAM
517	REP-NAM-SUFFIX
521	REP-AGCY-NAME
580	REP-TELNO
590	REP-ADDR-CHG-JD
598	REP-ZIP
603	REP-ZIP6-9
607	REP-ZIP10-14
612	REP-CITY
634	REP-STNAME
636	REP-FRN-CNTRY
671	REP-LNG
680	REP-LNGCTL
681	REP-ADDR-MUL
1357	CUR-COMP-CUR
1358	WELF-CUR
1359	MULT-ELIG-CHLD-CUR

S = Size change - this record

1325	FEDPMT	5 to 6 positions
1331	STATPMT	5 to 6 positions

APPENDIX H

FILE LAYOUT OF THE NUMIDENT: NUMBER IDENTIFICATION FILE

N U M I D E N T
R e c o r d D e s c r i p t i o n

1-13-99
Effect. 98/09

Location No	Hdr	Hdr	Field Name	Mnemonic		Size	Format	Type
			--- Header Record Data ---					
1		90	Exchange Scope	H	EXCHSCP	2		A/N
3	F		Header Entry Code	H	ENTCD	1		A/N
4			Filler	H	---	1		A/N
5	282PH		Branch Code & Section	H	BRHSEC	5		A/N
10			Unit	H	UNIT	2		A/N
12			Clerk	H	CLK	5		A/N
17			Social Security Number	H	SSN	9		A/N
26			Julilian Day	H	JULDTE	3	DDD	A/N
29			Header Response Code	H	RESPCD	2		A/N
			The 500 positions after the Header Data will contain any 1 of the following 5 types of Entry Data.					
			--- SS5 Entry Data---					
1	31		Reference-Num	S5	REFNUM	11	YYDDDn…	A/N
12	42		Interview-Code	S5	INTVCDE	1		A/N
13	43		SSN	S5	SSN	9		A/N
22	52		Citizenship-Code	S5	CITZEN	1		A/N
23	53		DO-Code	S5	DO	3		A/N
26	56		Form-Code	S5	FRMCD	1		A/N
27	57		Entry-Code	S5	ENTCD	1		A/N
28	58		Print-Code	S5	PRTCD	1		A/N
29	59		Cycle-Date	S5	CYCDTE	8	CCYYMMDD	A/N
37	67		NH-Name-First	S5	NNF	15		A/N
52	82		NH-Name-First-OFLO	S5	NNFO	1		A/N
53	83		NH-Name-Middle	S5	NNM	15		A/N
68	98		NH-Name-Middle-OFLO	S5	NNMO	1		A/N
69	99		NH-Name-Last	S5	NNL	20		A/N
89	119		NH-Name-Last-OFLO	S5	NNLO	1		A/N
90	120		NH-Name-Suffix	S5	NNSUF	4		A/N
94	124		NH-Name-Soundex	S5	NNSDX	3		A/N
97	127		DOB-MMDDCCYY	S5	DOB	8	MMDDCCYY	A/N
105	135		Sex	S5	SEX	1		A/N
106	136		Race	S5	RACE	1		A/N
107	137		MTH-Name-First	S5	MNF	15		A/N
122	152		MTH-Name-First-OFLO	S5	MNFO	1		A/N
123	153		MTH-Name-Middle	S5	MNM	15		A/N
138	168		MTH-Name-Middle-OFLO	S5	MNMO	1		A/N
139	169		MTH-Name-Last	S5	MNL	20		A/N
159	189		MTH-Name-Last-OFLO	S5	MNLO	1		A/N
160	190		MTH-Name-Suffix	S5	MNSUF	4		A/N
164	194		FTH-Name-First	S5	FNF	15		A/N
179	209		FTH-Name-First-OFLO	S5	FNFO	1		A/N
180	210		FTH-Name-Middle	S5	FNM	15		A/N
195	225		FTH-Name-Middle-OFLO	S5	FNMO	1		A/N
196	226		FTH-Name-Last	S5	FNL	20		A/N
216	246		FTH-Name-Last-OFLO	S5	FNLO	1		A/N
217	247		FTH-Name-Suffix	S5	FNSUF	4		A/N
221	251		POB-City-County	S5	POBCC	12		A/N
233	263		POB-OFLO	S5	POBOFLO	1		A/N
234	264		POB-State-Country	S5	POBSC	2		A/N
236	266		POB-Foreign-Ind	S5	POBFORID	1		A/N
237	267		OTH-Name-First	S5	ONF	15		A/N
252	282		OTH-Name-First-OFLO	S5	ONFO	1		A/N
253	283		OTH-Name-Middle	S5	ONM	15		A/N
268	298		OTH-Name-Middle-OFLO	S5	ONMO	1		A/N
269	299		OTH-Name-Last	S5	ONL	20		A/N
289	319		OTH-Name-Last-OFLO	S5	ONLO	1		A/N
290	320		OTH-Name-Suffix	S5	ONSUF	4		A/N
294	324		Filler		--	3		A/N
297	327		SIG-Name-First	S5	SNF	15		A/N

312	342	SIG-Name-First-OFLO	S5	SNFO	1		A/N
313	343	SIG-Name-Middle	S5	SNM	15		A/N
328	358	SIG-Name-Middle-OFLO	S5	SNMO	1		A/N
329	359	SIG-Name-Last	S5	SNL	20		A/N
349	379	SIG-Name-Last-OFLO	S5	SNLO	1		A/N
350	380	SIG-Name-Suffix	S5	SNSUF	4		A/N
354	384	SIG-Name-Code	S5	SNCDE	1		A/N
355	385	Filler		--	3		A/N
358	388	Notify	S5	NOTIFY	2		A/N
360	390	Card-Code	S5	CARDCDE	1		A/N
361	391	Filler		--	1		A/N
362	392	DOB-Change-Ind	S5	DOBCHG	1		A/N
363	393	Prior-DOB-MMDDCCYY	S5	PRIRDOB	8	MMDDCCYY	A/N
371	401	Correspondence-Ind	S5	CORRIND	2		A/N
373	403	Birth-Cert-Num	S5	BCERTNO	11		A/N
384	414	Filler		--	114		A/N
498	528	Conversion-Record-Ind	S5	CONVIND	1		A/N
499	529	Sub-Code	S5	SUBCDE	1		A/N
500	530	Flag-Delete-Ind	S5	DELIND	1		A/N

--- Correspondence Data---

1	31	Filler		--	12		A/N
13	43	SSN	CR	SSN	9		A/N
22	52	Filler		--	5		A/N
27	57	Entry-Code	CR	ENTCD	1		A/N
28	58	Filler		--	1		A/N
29	59	Cycle-Date	CR	CYCDTE	8	CCYYMMDD	A/N
37	67	Filler		--	32		A/N
69	99	Corres-NH-Name-Last	CR	NML	6		A/N
75	105	Filler		--	22		A/N
97	127	Retention-Ind	CR	RETIND	1		A/N
98	128	Destruction-Year	CR	DESTRYR	4	CCYY	A/N
102	132	FICA-Waiver-Ind	CR	FICAIND	1		A/N
103	133	Filler		--	396		A/N
499	529	Filler		--	1		A/N
500	530	Flag-Delete-Ind	CR	DELIND	1		A/N

--- Claim Data---

1	31	Reference-Num	CL	REFNUM	11	YYDDDn…	A/N
12	42	Filler		--	1		A/N
13	43	SSN	CL	SSN	9		A/N
22	52	Filler		--	1		A/N
23	53	DO-Code	CL	DO	3		A/N
26	56	Form-Code	CL	FRMCD	1		A/N
27	57	Entry-Code	CL	ENTCD	1		A/N
28	58	Filler		--	1		A/N
29	59	Cycle-Date	CL	CYCDTE	8	CCYYMMDD	A/N
37	67	NH-Name-First	CL	NNF	15		A/N
52	82	NH-Name-First-OFLO	CL	NNFO	1		A/N
53	83	NH-Name-Middle	CL	NNM	15		A/N
68	98	NH-Name-Middle-OFLO	CL	NNMO	1		A/N
69	99	NH-Name-Last	CL	NNL	20		A/N
89	119	NH-Name-Last-OFLO	CL	NNLO	1		A/N
90	120	NH-Name-Suffix	CL	NNSUF	4		A/N
94	124	Filler		--	3		A/N
97	127	DOB-MMDDCCYY	CL	DOB	8	MMDDCCYY	A/N
105	135	Sex	CL	SEX	1		A/N
106	136	Filler		--	1		A/N
107	137	MTH-Name-First	CL	MNF	15		A/N
122	152	MTH-Name-First-OFLO	CL	MNFO	1		A/N
123	153	MTH-Name-Middle	CL	MNM	15		A/N
138	168	MTH-Name-Middle-OFLO	CL	MNMO	1		A/N
139	169	MTH-Name-Last	CL	MNL	20		A/N
159	189	MTH-Name-Last-OFLO	CL	MNLO	1		A/N
160	190	MTH-Name-Suffix	CL	MNSUF	4		A/N
164	194	FTH-Name-First	CL	FNF	15		A/N
179	209	FTH-Name-First-OFLO	CL	FNFO	1		A/N

180	210	FTH-Name-Middle	CL	FNM	15		A/N
195	225	FTH-Name-Middle-OFLO	CL	FNMO	1		A/N
196	226	FTH-Name-Last	CL	FNL	20		A/N
216	246	FTH-Name-Last-OFLO	CL	FNLO	1		A/N
217	247	FTH-Name-Suffix	CL	FNSUF	4		A/N
221	251	POB-City-County	CL	POBCC	12		A/N
233	263	POB-OFLO	CL	POBOFLO	1		A/N
234	264	POB-State-Country	CL	POBSC	2		A/N
236	266	POB-Foreign-Ind	CL	POBFORID	1		A/N
237	267	DO-Address	CL	DOADR	45		A/N
282	312	Claim-Date	CL	CLMDTE	8		A/N
290	320	DOO-MMDDCCYY	CL	DOO	8	MMDDCCYY	A/N
298	328	DOD-MMDDCCYY	CL	DOD	8	MMDDCCYY	A/N
306	336	Filler		--	192		A/N
498	528	Conversion-Record-Ind	CL	CONVIND	1		A/N
499	529	Filler		--	1		A/N
500	530	Flag-Delete-Ind	CL	DELIND	1		A/N
501	531				0		A/N

--- Death Data---

1	31	Reference-Num	DD	REFNUM	11	YYDDDn…	A/N
12	42	Filler	DD	--	1		A/N
13	43	SSN	DD	SSN	9		A/N
22	52	Filler	DD	--	5		A/N
27	57	Entry-Code	DD	ENTCD	1		A/N
28	58	Filler	DD	--	1		A/N
29	59	Cycle-Date	DD	CYCDTE	8	CCYYMMDD	A/N

Death History record Table occurs 3 times

37	67	NH-Name-First	DD	NNF	15		A/N
52	82	NH-Name-First-OFLO	DD	NNFO	1		A/N
53	83	NH-Name-Middle	DD	NNM	1		A/N
54	84	Filler		--	14		A/N
68	98	NH-Name-Middle-OFLO	DD	NNMO	1		A/N
69	99	NH-Name-Last	DD	NNL	20		A/N
89	119	NH-Name-Last-OFLO	DD	NNLO	1		A/N
90	120	NH-Name-Last-SUFFIX	DD	NNLSUF	4		A/N
94	124	Filler	DD	--	3		A/N
97	127	DOB-MMDDCCYY	DD	DOB	8	MMDDCCYY	A/N
105	135	Sex	DD	SEX	1		A/N
106	136	Filler	DD	---	1		A/N
107	137	Individuals Other Number	DD	INDOTH	9		A/N
116	146	Record ID Code	DD	RECID	1		A/N
117	147	Beneficiary Death Ind	DD	DIND	1		A/N
118	148	Program Involement Ind	DD	PRGINV	1		A/N
119	149	Zip Res	DD	ZIPRES	5		A/N
124	154	Zip Last 4	DD	ZIPRESL4	4		A/N
128	158	Zip LSDP	DD	ZIPLSDP	5		A/N
133	163	Zip LSDP Last 4	DD	ZIPLSDPL4	4		A/N
137	167	Plus 5 Ind 1	DD	P5ID1	1		A/N
138	168	Plus 5 Ind 2	DD	P5ID2	1		A/N
139	169	Plus 5 Ind 3	DD	P5ID3	1		A/N
140	170	Plus 5 Ind 4	DD	P5ID4	1		A/N
141	171	Plus 5 Ind 5	DD	P5ID5	1		A/N
142	172	Numi Source Death	DD	SOURCE	2		A/N
144	174	Numi Proof Death	DD	PROOF	1		A/N
145	175	DOD MMDDCCYY	DD	DOD	8	MMDDCCYY	A/N
153	183	Death Certificate Num	DD	CERTIF	26		A/N
179	209	Death Posting Date	DD	POST	8	CCYYMMDD	A/N

187	217	Remaining 2 Occurrences			300		

487	517	Death-NOE	DD	NOE	1		A/N
488	518	Filler		---	11		A/N
499	529	Filler		---	1		A/N
500	530	Filler		---	1		A/N

--- Esi (Spin) Data---

1	31	Filler		--	12		A/N
13	43	SSN	SP	SSN	9		A/N
22	52	Filler		--	5		A/N
27	57	Entry-Code	SP	ENTCD	1		A/N
28	58	Filler		--	1		A/N
29	59	Cycle-Date	SP	CYCDTE	8	CCYYMMDD	A/N
37	67	NH-Name-First	SP	NNF	15		A/N
52	82	NH-Name-First-OFLO	SP	NNFO	1		A/N
53	83	NH-Name-Middle	SP	NNM	15		A/N
68	98	NH-Name-Middle-OFLO	SP	NNMO	1		A/N
69	99	NH-Name-Last	SP	NNL	20		A/N
89	119	NH-Name-Last-OFLO	SP	NNLO	1		A/N
90	120	NH-Name-Suffix	SP	NNSUF	4		A/N
94	124	Filler		--	3		A/N
97	127	DOB-MMDDCCYY	SP	DOB	8	MMDDCCYY	A/N
105	135	Filler		--	2		A/N
107	137	Spin-NOE	SP	NOE	2		A/N
109	139	Filler		--	1		A/N
		Spin-Table (Occurs 15 Times)					A/N
110	140	Spin-Indicator	SP	SPIND	1		A/N
111	141	Filler		--	1		A/N
112	142	Spin-Date	SP	SODATE	8	MMDDCCYY	A/N
120	150	Filler		--	1		A/N
		Remaining 14 Occurrences			154		A/N
							A/N
275	305	Filler		--	224		A/N
499	529	Filler		--	1		A/N
500	530	Filler		--	1		A/N

--- NIF Entry Data---
(No Header Info.)

1	Filler	NIF	REFNUM	12		A/N
13	SSN	NIF	SSN	9		A/N
22	Filler	NIF	--	5		A/N
27	Entry-Code	NIF	ENTCD	1		A/N
28	Filler		--	1		A/N
29	Cycle-Date	NIF	CYCDTE	8	CCYYMMDD	A/N
37	Filler		--	120		A/N
157	Exchange Request Scopr	NIF	EXCHG	2		A/N
159	Branch	NIF	BRH	3		A/N
162	Section	NIF	SECT	2		A/N
164	Unit	NIF	UNIT	2		A/N
166	Clerk	NIF	CLERK	5		A/N
171	Julilian Day One	NIF	JULDTE1	3	DDD	A/N
174	Filler		--	324		A/N
498	Julilian Day Two	NIF	JULDTE2	3	DDD	A/N

APPENDIX I

FILE LAYOUT OF THE 831 & 832/833 DISABILITY FILES

Last Updated: 12/13/2006

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION

THIS FILE IS SORTED IN THE FOLLOWING ORDER:

SSN	1-9	A
RID	13	A
TOC	22	A
AL	12	A
BIC	10-11	A
DODEC	23-28	A
RDT	31	D
ND	32	D
DDS	33-35	A

SSN **1-9** **A9**

Social Security Number
999999999 = Unknown SSN

BIC **10-11** **A2**

Beneficiary ID Code
A = Primary
Cx = Child
D, Dx = Widow/Widower
E, Ex = Widow/Widower
M, Mx = Uninsured
RA = Assistance Requested/Litigation Case
T = Uninsured Or Renal
Tx = Medicare Qualified Federal Employee's Auxiliary
W, Wx = Widow/Widower
ZZ = Unknown

NOTE: x means anything other than blank

AL **12** **A1**

Adjudicative Level
* A = Initial
B = Recon
C = Recon DHU
D = ALJ
E = Appeals Council
F = District Court
* G = Reopening
* I = Informal Remand
Z = Unknown

* Counted As Initial Cases (Per ORS). Otherwise Use A and G Only.

RID **13** **A1**

Record Identification
2 = Form SSA-831 (Title II)
R = Form SSA-831 (Title XVI)

NOTE: Unknowns Will Be Dropped

FLD **14-21** **I8CYMD**

Filing Date
CCYYMMDD
CCYYMM15 = Unknown Day
CCYY8888 = Unknown Month And Day
99999999 = Invalid Characters or Unknown/Not Available

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
TOC	**22**	**A1**	**Type Of Claim** **Title II** 1 = DIB (Disabled Worker) 2 = FZ (Blind Worker) 3 = DWB (Disabled Widow/Widower) 4 = CDBR (Disabled Child Benefits RSI) 5 = CDBD (Disabled Child Benefits DIB) 6 = RDR (End-Stage Renal--Retirement) 7 = RDD (End-Stage Renal--Disability) 8 = RD (End-Stage Renal--On Own SSN 9 = PR (Child - Grandparent--Retirement) P = PD (Child - Grandparent--Disability) M = MQFE (Medically Qualified Federal Employee) **Title XVI** A = DI (Disabled Worker) B = DS (Disabled Spouse) C = DC (Disabled Child) D = BI (Blind Individual) E = BS (Blind Spouse) F = BC (Blind Child) G = AI (Alien Individual) H = AS (Alien Spouse) Z = Unknown Blank = Not Available
DODEC	**23-30**	**I8CYMD**	**Date Of DDS Or SSA Decision** CCYYMMDD
RDT	**31**	**A1**	**Result Of Determination** A = Allowance D = Denial C = Closed Period N = No decision Q = Transfer

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
ND	**32**	**A1**	**NDDSS/ADOC Source Code** N = NDDSS M = Modified NDDSS Closure Record C = NDDSS And WBDOC Combined (OD Edit) T = Modified NDDSS Closure Record And WBDOC Combined (OD Edit) Blank = WBDOC
DDS	**33-35**	**A3**	**State Agency Code Of DDS Jurisdiction** Refer to FOCEXEC named UTREGSTA for state definitions. Position 1-2 for DDS state number. Position 3: X for ODO Y for FDDS 88 Z for unknown Use all 3 positions for specific offices that are listed in DI 33520. For values in older files, refer to layout on shared drive in DDPIS\Branch1\Layouts|Historical\UNI8319C.
CCF	**36**	**A1**	**Concurrent Claim** N = Not Concurrent Y = Title II Claim Concurrently Filed With Title XVI Claim (same SSN) S = Special Concurrent (different SSN) V = Very Special (combination of the 'Y' and 'S' Codes)
RB	**37-38**	**A2**	**Regulation Basis Code** A1-X3 (Title II) 30-48, 51, 61-67 (Title XVI) CE = Collateral Estoppel (Title II Or Title XVI) ZZ = Unknown Blank = Not Available
DOB	**39-46**	**I8CYMD**	**Date Of Birth** CCYYMMDD CCYYMM15 = Unknown Day Of Birth CCYY8888 = Unknown Month And Day 99999999 = Invalid Characters or Unknown

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
DOBC	**47**	**A1**	**Date Of Birth Code** A = WBDOC Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15, 88, Or 99.) B = NDDSS Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15, 88, Or 99.) C = Current 831 Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15.) D = WBDOC Record, Valid Month Of Birth And Year Of Birth Is In The Range For The DODEC Year. (Day Of Birth Set To 15.) E = NDDSS Or Current SSA-831 Record, Valid Month Of Birth And Year Of Birth Is In The Range For The DODEC Year. (Day Of Birth Set To 15.) F = Current SSA-831 Record, Only The CCYYMM Of Date Of Birth Has Been Changed By The Numident Information. (Day Of Birth Set To 15.) G = NDDSS Or Current 831 Record Includes Year, Month, and Day, However There Is A Problem With The Range Or Validity. L = Current SSA-831 Record, CCYYMMDD Of Date Of Birth Has Been Changed By The Numident Information. M = Current 831 Record, Only The DD Of Date Of Birth Has Been Changed By The Numident Information. N = NDDSS Or Current 831 Record, Month Of Birth And Day Of Birth Are Valid And Year Of Birth Is In The Range For The DODEC Year.

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
BS	**48-49**	**A2**	**Body System Codes** 01 = Musculoskeletal System 02 = Special Senses And Speech 03 = Respiratory System 04 = Cardiovascular System 05 = Digestive System 06 = Genito-Urinary System 07 = Hematological Disorders 08 = Skin Disorders 09 = Endocrine System 10 = Multiple Body Systems 11 = Neurological 12 = Mental Disorders 13 = Malignant Neoplastic Diseases 14 = Immune System 19 = Growth Impairment 20 = Special/Other 99 = Unknown Blank = Not Available
PDX	**50-53**	**A4**	**Primary Impairment Code** 0001-9999 0000 = Not Available/Blank
RPDX	**54-57**	**A4**	**Recoded Primary Impairment Code** 0110-9480 Used To Convert ICD-9 Codes To Impairment Codes
SDX	**58-61**	**A4**	**Secondary Impairment Code (See PDX)**
RSDX	**62-65**	**A4**	**Recoded Secondary Impairment Code** (See RPDX)
DD	**66-71**	**I6CYM**	**Diary Date** CCYYMM = Medical Reexam Date CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Blank (Denials)
DT	**72**	**A1**	**Diary Type** 3 = Medical Reexam, Nonpermanent (MIE) And (MIP) 4 = Medical Reexam, Permanent (MINE) 5 = Medical Reexam (Permanency Of Impairment Not Known) 6 = No Diary Required 9 = Title XVI VR Child Referral Z = Invalid Blank = Not Available
DR	**73**	**A1**	**Diary Reason** A-U, Y and Z (MIE) 3 = Periodic Review (3 Years) (MIP) [V, W or X and (PDI **NOT** = P)] (MIP) 5 = Periodic Review (5 Years) (MINE) 7 = Periodic Review (7 Years) (MINE) [V, W or X and (PDI = P)] (MINE)

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
			9 = Unknown (MIP) Blank = Not Available (MIP) **DEFINE** If MDR = '5' or '7' then 'MINE' Else [if (MDR = 'W' or 'V' or 'X') and PDI = 'P'] then 'MINE' Else if MDR = '3' or 'V' or 'X', or 'W' then 'MIP' Else if MDR = 'A' through 'Z' then 'MIE' Else 'MIP' **(New definitions provided by CDR Branch, November 2002)**
LNA	**74-76**	**A3**	**List Number A** 001-999, Blank ZZZ = Unknown
LNB	**77-79**	**A3**	**List Number B (See LNA)**
LNC	**80-82**	**A3**	**List Number C (See LNA)**
LND	**83-85**	**A3**	**List Number D (See LNA)**
LNE	**86-88**	**A3**	**List Number E (See LNA)**
LNF	**89-91**	**A3**	**List Number F (See LNA)**

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
SLC	**92**	**A1**	**Study List Code** 3 = Court Ordered Reopenings Other Than Allowances; Marcus 1991 On 4 = Hyatt 5 = McDonald 6 = Polaski Through May 1991; Johnson From June 1991 On 7 = Schisler 8 = Aldrich 9 = Morrison B = ARC/HIV related, NY region - use discontinued D = NY Region Only For AIDS Terminally Ill Cases E = Etsitty F = Campbell G = Boyd I = State Of New York J = Luna K = Dixon L = Wilkerson P = Peck Q = Zebley N = Non-Federal S = City Of New York U = Terminally Ill Cases (NY Region; Uses "D" For AIDS Terminally Ill Cases). V = Diaz W = Wilson Y = City Of New York All Blanks = Not Available/Not Applicable

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
LIT1	**93-95**	**A3**	**Litigation Code 1** Valid Litigation Codes range from 750-798 & 800-899, however the codes listed below include those known at the present time. For codes not listed contact the Litigation Staff. 500 = Albany DDS cases sent to Buffalo for adjud. 501 = Jamaica (NY) DDS cases sent to Albany for adjud. 752 = LaBelle 754 = Anderson II 758 = Kennedy 759 = White 775 = Zebley Redet. 777 = Inman 778 = Schoolcraft 779 = Medellen 780 = Fair 790 = Childhood Redet. 797 = Surrell 800 = Aldrich 801 = Bailey 803 = Boyd 805 = Campbell 806 = City Of New York 808 = Dixon 809 = Dias 810 = Etsitty 812 = Hyatt 813 = Johnson 816 = Marcus 817 = McDonald 821 = Morrison, Doe & Decker 824 = Samuels 825 = State Of New York 827 = Wilson 1991 829 = Zebley 859 = Luna 862 = Peck 864 = Schisler 884 = Begley 889 = Stieberger 000 = Not Coded/Unknown
LIT2	**96-98**	**A3**	**Litigation Code 2 (See LIT1)**
LIT3	**99-101**	**A3**	**Litigation Code 3 (See LIT1)**
LIT4	**102-104**	**A3**	**Litigation Code 4 (See LIT1)**

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
LIT5	**105-107**	**A3**	**Litigation Code 5 (See LIT1)**
LIT6	**108-110**	**A3**	**Litigation Code 6 (See LIT1)**
LIT7	**111-113**	**A3**	**Litigation Code 7 (See LIT1)**
LIT8	**114-116**	**A3**	**Litigation Code 8 (See LIT1)**
LIT9	**117-119**	**A3**	**Litigation Code 9 (See LIT1)**
LIT10	**120-122**	**A3**	**Litigation Code 10 (See LIT1)**
DDPB	**123-130**	**I8CYMD**	**Date Disability Period Began** CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month And Day 99999999 = Invalid Characters or Unknown/Not Available
DO	**131-133**	**A3**	**District Office Code** A00-K99 Or 000-999 ZZZ = Unknown/Invalid Characters Blank = Not Available
OY	**134-135**	**A2**	**Occupation Years** 00-99 ZZ = Unknown Blank = Not Available
OCC	**136-137**	**A2**	**Occupation Code** 00-99 ZZ = Unknown Blank = Not Available
IND	**138-139**	**A2**	**Industry Code** 00-99 ZZ = Unknown Blank = Not Available
ED	**140-141**	**A2**	**Education Years** 00-26, 99 ZZ = Unknown Blank = Not Available

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
VRA	**142**	**A1**	**VR Action** A = Referred To VR B = Not Referred To VR C = Previously Referred 1 = Referred To VR And Agency For Children 2 = Child Under 16--Referred To Agency Blank = Unavailable Z = Unknown
VRN	**143-147**	**A5**	**Vocational Rule Number** 201.01-203.31 And 204.00 Blank = Not Available ZZZZZ = Unknown
MLN	**148-154**	**A7**	**Medical List Number** 001 To 014 Part A--Adult Listings 100 To 114 Part B--Childhood Listings (Title XVI Only) ZZZZZZZ = Unknown Blank = Not Available
SPC	**155-156**	**A2**	**Physician Specialty Code** 01-48 Blank = Not Available 99 = Unknown
DOT	**157-162**	**I6CYM**	**Date of Termination** CCYYMM CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Not Available
FS	**163**	**A1**	**Federal Sample Indicator** N = Not Selected P = Preeffectuation Review Q = Quality Review Z = Unknown
BI	**164**	**A1**	**Case Of Blindness** A = Not Disabled For Cash Benefits B = Disabled For Cash Benefits Blank = Not Coded Z = Unknown
PD	**165**	**A1**	**Presumptive Disability Decision** 1 = DO Decision 2 = DDS Decision Blank = Not Available/Not Applicable Z = Unknown
PDI	**166-167**	**A2**	**Presumptive Disability Impairment** 01-24 (01 & 08 obsolete effective 2/19/2002) 99 = Invalid/Unknown Blank = Not Available

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
			Due To Differences In The SM POMS And DI POMS, AIDS/ARC PDI Codes Should Be Cross Checked With RPDX And RSDX.
PDD	**168-173**	**I6CYM**	**Presumptive Decision Date** CCYYMM CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Not Available
AER	**174**	**A1**	**Adjudicative Decision** A = Affirmation R = Reversal Blank = Not Available Z = Unknown
Filler	**175-176**	**A2**	**Filler**
LASTN	**177-202**	**A26**	**Last Name Of Claimant** 26 Characters Of Last Name
FIRSTN	**203-218**	**A16**	**First Name Of Claimant** 16 Characters Of First Name
MIDDLEN	**219-228**	**A10**	**Middle Name Of Claimant** 10 Characters Of Middle Name
DPM	**229**	**A1**	**Permanent Disability Code** N = Not Permanent P = Permanent 0 (Zero) = Denial Or Cessation Decision Z = Unknown Blank = Not Coded
SLCQ	**230**	**A1**	**Study List Code (Zebley)** Q = Zebley Cases Provided Through The Reconciliation Process Blank = Not Applicable

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
CDF	**231**	**A1**	**Capability Development Flag** C = Capability Development Is Needed Y = Claimant Is Incapable N = Claimant Is Capable U = Capability Issue Is Unresolved Z = Unknown Blank = Not Available
DAA	**232**	**A1**	**Drug Or Alcohol Addiction** A = Alcohol Does Contribute To Findings B = Both, DA&A Does Contribute To Findings D = Drugs Do Contribute To Findings N = No, DA&A Does Not Contribute To Findings W = No medical evidence of DAA X = Alcoholism not material to Findings Y = Drug Addiction not material to findings Z = Neither DA or A Contribute to Findings Space = Not coded # = Invalid entry NOTE: Codes W, X, Y & Z effective as of March 1996 with DAA Legislation but coding was not input by DDSs until 5/96
RECONDTE	**233-240**	**I8CYMD**	**Reconsideration Date** CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month And Day 99999999 = Unknown/Not Available
EOR	**241**	**A1**	**Evidence Of Record** Y = Evidence Of Record Was Purchased N = Evidence Of Record Was Not Purchased Blank = WBDOC record
CER	**242**	**A1**	**Consultative Examination Request** Y = CE Was Requested N = CE Was Not Requested Blank = WBDOC record
ESC	**243**	**A1**	**Escalated Claim** Y = Claim Was Escalated N = Claim Was Not Escalated Blank = WBDOC record

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
ONDCODE	**244**	**A1**	**Onset Code Type** P = Title XVI Presumptive Disability C = Title II Change In Onset Date F = Final Allowance Z = Unknown Blank = Not Available
SCF	**245**	**A1**	**Special Case Flag** T = Title II Trial Work Period R = Title II 13th Month Reopening P = Disability Quality Branch (DBQ) Case X = Title II Only CDR Direct Input Cessation F = Transitional Fed Medicare M = Regular Federal Medicare D = Drug Or Alcohol Addiction E = Collateral Estoppel H = DHU Hearing Held C = Other Z = Unknown Blank = Not Available
BIDATE	**246-253**	**I8CYMD**	**Adjusted Blind Onset Date** CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month and Day 99999999 = Unknown/Not Available
STRDATE	**254-261**	**I8CYMD**	**State Receipt Date** CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month 99999999 = Unknown/Not Available
XAN	**262-270**	**A9**	**Cross-reference Account Number** May be beneficiary's own account number, or the account number of a related claim.
MAN	**271-279**	**A9**	**Modified Account Number** Old SSN entry, which was corrected to entry which now appears in SSN field. SCORSSN (below) shows source of correction.

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
SCORSSN	**280**	**A1**	**Source of Corrected SSN** Source of change reflected by MAN (above) C = SSN update on NDDSS, prior to closure Q = Zebley reconciliation activity U = SSN update on NDDSS, relationship to closure date unknown--possible duplicate record under MAN, to be resolved W = SSN update on NDDSS, after closure--possible duplicate has been resolved O = Other manual process caused update of SSN
SSNVER	**281-282**	**A2**	**SSN Verification** (Future Use, in reconciliation projects--may be source and verification code)
SAORACT	**283**	**A1**	**SAOR Action Code** A = Received this report week B = Pending at the beginning and closing of this report week C = Received and closed within this report week D = Closed this report week F = Closed and already counted during a prior report week (For SAOR/DDB reconciliation projects--see SM 06006.015.)
CDODEC	**284**	**A1**	**Changed DODEC** C = Record Where DODEC Is Derived From FLD (OD Edit) Q = Changed As A Result Of OPIR Actions Blank = Not Applicable
ZIP	**285-293**	**A9**	**ZIP Code Of Claimant** See National Zip Code Directory
ST	**294-295**	**A2**	**State Of Claimants Residence** (Decoded From ZIP) Alphabetic Codes For States: AL-WY
STNUM	**296-297**	**A2**	**State Code (Numerical)** (Decoded From ZIP) Numeric Codes For States: 01-53, 64, 65, 67, 88 and 99
WOF	**298-305**	**I8CYMD**	**Week Of File** CCYYMMDD = The last day of the processing week (which is Saturday through Friday) of the records that are posted to the Master File. (Records are posted on the following Monday.)
OPD	**306-313**	**I8CYMD**	**Original Posting Date** CCYYMMDD = The WOF of the first record posted to the Master File. When duplicate records come through the Transaction File, this date will be copied to the current record from the old record, before the old record is overwritten.

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
MDREC	**314**	**A1**	**Medical Development Record?** Y = Yes P = Prior MD information can still be found in the MD file. N = No
SKEL	**315**	**A1**	**Skeleton Record Created or Full Record Corrected from** NOTE: This field is reserved for future use.
SC2	**316**	**A1**	**Screening Case - Code 2**
SC3	**317**	**A1**	**Screening Case - Code 3**
DDSSV	**318-320**	**A3**	**DDS Code from DOORS** DDS systems designation codes (added May 2001)
OLDSLC1	**321**	**A1**	**Previous SLC** See SLC. A # sign indicates field never used
OLDSLC2	**322**	**A1**	**Second Previous SLC** See SLC. A # sign indicates field never used
OLDSLC3	**323**	**A1**	**Third Previous SLC** See SLC. A # sign indicates field never used
OLDSLC4	**324**	**A1**	**Fourth Previous SLC** See SLC. A # sign indicates field never used
OLDSLC5	**325**	**A1**	**Fifth Previous SLC** See SLC. A # sign indicates field never used
SSIP	**326**	**A1**	**SSI PER Indicator** Y Blank
EDIBPI	**327**	**A1**	**EDCS Indicator** Y= EDCS Blank
EDIBFLDR	**328-336**	**A9**	**eDib Folder Number** 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
EDIBCASE	**337-345**	**A9**	**eDib Case Number** 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
EDIBSEQ	**346-354**	**A9**	**eDib Sequence Number** 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
PINDC	**355**	**A1**	**EDCS Current Paper Indicator**

SSA-831
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
			0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
PINDP	**356**	**A1**	**Prior Paper Indicator DSCVPPAP** 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
SSNMCS	**357- 365**	**A9**	**SSN from MCS - DSCVCLMT** Claimant's SSN from MCS for EDCS reads
FILLER	**366- 386**	**A21**	**Reserved for Future Use**
DEDIARYD	**387- 394**	**I8CYMD**	**Examiner diary date - DSCVDEDD** Disability Examiner's diary date
ORIGDICD	**395**	**A1**	**Original DDS Examiner Diary Reason Code** See DR (Diary Reason) field at position 73
DIARYFLG	**396**	**A1**	**Diary Model OD Flag Field** A = not run (invalid diary info date) B = not run (invalid date of birth) C = not run (invalid DODEC) D = not run (T16/under 18.2 years old) E = not run (T16/concurrent) F = not run (invalid final table key) G = not run (sampling) H = not run (SSN/BIC for CDR not in BSTAT file) I = run (DODEC <= 19860101 and MLN = 00505A or 00505B), DR = 7 J = run (PDX is 0430, or 0440, or 2790), DR = 7
DIARYFLG cont.	**396**	**A1**	**Diary Model OD Flag Field** 1 = run (new DR = A, sampling) 3 = run (new DR = 3, sampling) 7 = run (new DR = 7, sampling) Y = run (new DR and diary info date)
FILLER	**397- 420**	**A24**	**Reserved For Future Use**

* Date fields will show all 9's when unknown or invalid, except EPE dates which could have "Blank" or all 9's.
Contact Sara Kovacs for DSI data explanations.

Last Updated: 12/13/06

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION

THIS FILE IS SORTED IN THE FOLLOWING ORDER:		
SSN	1-9	A
RID	13	A
TOC	14	A
AL	12	A
BIC	10-11	A
DODEC	15-20	A
RDT	23	D
ND	24	D
DDS	25-27	A

SSN **1-9** **A9**

Social Security Number
999999999 = Unknown SSN

BIC **10-11** **A2**

Beneficiary ID Code
A = Primary
Cx = Child
D, Dx = Widow/Widower
E, Ex = Widow/Widower
Mx = Uninsured
RA = Assistance Requested/Litigation Case
T = Uninsured Or Renal
Tx = Medicare Qualified Federal Employee's Auxiliary
W, Wx = Widow/Widower
ZZ = Unknown

NOTE: x means anything other than blank

AL **12** **A1**

Adjudicative Level
* A = Initial
B = Recon
C = Recon DHU
D = ALJ
E = Appeals Council
F = District Court
* G = Reopening
* I = Informal Remand
Z = Unknown

* Counted As Initial Cases (Per ORS). Otherwise Use A and G Only.

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
RID	**13**	**A1**	**Record Identification** 4 = Form SSA-833 (Title II) S = Form SSA-832 (Title XVI) NOTE: Unknowns Will Be Dropped
TOC	**14**	**A1**	**Type Of Claim** Title II 1 = DIB (Disabled Worker) 2 = FZ (Blind Worker) 3 = DWB (Disabled Widow/Widower) 4 = CDB (Child Over 18) 5 = ESRD (End-Stage Renal Disease) 6 = HIB (Medicare -- Can Be Used As MQFE) Title XVI A = DI (Disabled Worker) B = DS (Disabled Spouse) C = DC (Disabled Child Under 18) D = BI (Blind Primary) E = BS (Blind Spouse) F = BC (Blind Child Under 18) G = AI (Alien Individual) H = AS (Alien Spouse) Z = Unknown Blank = Not Available
DODEC	**15-22**	**I8CYMD**	**Date Of DDS Or SSA Decision** CCYYMMDD
RDT	**23**	**A1**	**Result Of Determination** C = Continuance S = Cessation T = Termination N = No Decision Q = Transfer
ND	**24**	**A1**	**NDDSS/ADOC Source Code** N = NDDSS M = Modified NDDSS Closure Record C = NDDSS And WBDOC Combined (OD Edit) T = Modified NDDSS Closure Record And WBDOC Combined (OD Edit) Blank = WBDOC

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
DDS	**25-27**	**A3**	**State Agency Code Of DDS Jurisdiction** Refer to FOCEXEC named UTREGSTA for state definitions. Position 1-2 for DDS state number. Position 3: X for ODO Y for FDDS 88 Z for unknown Use all 3 positions for specific offices that are listed in DI 33520. For values in older files, refer to layout on shared drive in DDPIS\Branch1\Layouts|Historical\UNI8319C.
CCF	**28**	**A1**	**Concurrent Claim** N = Not Concurrent Y = Title II Claim Concurrently Filed With Title XVI Claim (same SSN) S = Special Concurrent (different SSN) V = Very Special (combination of the 'Y' and 'S' Codes
RFC	**29-30**	**A2**	**Reason For Continuance/Cessation Code** 01-48 = Title II 50-99 = Title XVI 00 = Invalid Characters Blank = Not Available
BFD	**31**	**A1**	**Basis For Determination** A = Medical--Medical/Vocational B = Work C = Work--IRWE Involved D = Other Z = Unknown Blank = Not Available
WRM	**32-33**	**A2**	**Why Disability Review Was Made** 00-31 99 = Not Available/Invalid
DOB	**34-41**	**I8CYMD**	**Date Of Birth** CCYYMMDD CCYYMM15 = Unknown Day Of Birth CCYY8888 = Unknown Month And Day 99999999 = Invalid Characters or Unknown

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
DOBC	**42**	**A1**	**Date Of Birth Code** A = ADOC Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15, 77, 88, Or 99.) B = NDDSS Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15, 88, Or 99.) C = Current 831 Record, Invalid Month Of Birth Or Year Of Birth Not In The Range For The DODEC Year. (Day Of Birth Set To 15.) D = ADOC Record, Valid Month Of Birth And Year Of Birth Is In The Range For The DODEC Year. (Day Of Birth Set To 15.) E = NDDSS Or Current SSA-831 Record, Valid Month Of Birth And Year Of Birth Is In The Range For The DODEC Year. (Day Of Birth Set To 15.) F = Current SSA-831 Record, Only The CCYYMM Of Date Of Birth Has Been Changed By The Numident Information. (Day Of Birth Set To 15.) G = NDDSS Or Current 831 Record Includes Year, Month, and Day, However there Is a Problem With The Range Or Validity. L = Current SSA-831 Record, CCYYMMDD Of Date Of Birth Has Been Changed By The Numident Information. M = Current 831 Record, Only The DD Of Date Of Birth Has Been Changed By The Numident Information. N = NDDSS Or Current 831 Record, Month Of Birth And Day Of Birth Are Valid And Year Of Birth Is In The Range For The DODEC Year.

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DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
BS	**43-44**	**A2**	**Body System Codes** 01 = Musculoskeletal System 02 = Special Senses And Speech 03 = Respiratory System 04 = Cardiovascular System 05 = Digestive System 06 = Genito-Urinary System 07 = Hemic And Lymphatic System 08 = Skin 09 = Endocrine System 10 = Multiple Body Systems 11 = Neurological 12 = Mental Disorders 13 = Neoplastic Diseases, Malignant 14 = Immune Deficiency 19 = Growth Impairment 20 = Other/Unknown Code 99 = Invalid Code Used Blank = Not Available
PDX	**45-48**	**A4**	**Primary Impairment Code** 0001-9999 0000 = Not Available/Blank
RPDX	**49-52**	**A4**	**Recoded Primary Impairment Code** 0110-9480 Used To Convert ICD-9 Codes To Impairment Codes
SDX	**53-56**	**A4**	**Secondary Impairment Code** (See PDX)
RSDX	**57-60**	**A4**	**Recoded Secondary Impairment Code** (See RPDX)
DD	**61-66**	**I6CYM**	**Diary Date** CCYYMM = Medical Reexam Date CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Blank (Denials)

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
DT	**67**	**A1**	**Diary Type** 3 = Medical Reexam, Nonpermanent (MIE) And (MIP) 4 = Medical Reexam, Permanent (MINE) 5 = Medical Reexam (Permanency Of Impairment Not Known) 6 = No Diary Required 9 = Title XVI VR Child Referral Z = Invalid Blank = Not Available
DR	**68**	**A1**	**Diary Reason** A - Z 1, 3, 5, 7, 9 Blank **DEFINE** If DR = '3' then 'MIP' else if DR = '5' or '7' then 'MINE' else if (DR = 'E' or 'F' or 'G' or 'I' or 'J' or 'K' or 'L' or 'M' or 'N' or 'V' or 'W' or 'X' or 'Y' or 'Z') and DPM = 'P' then 'MINE' else if (DR = 'E' or 'F' or 'G' or 'I' or 'J' or 'K' or 'L' or 'M' or 'N' or 'V' or 'W' or 'X' or 'Y' or 'Z') and DPM not = 'P' then 'MIP' else if DR alphabetic and not spaces then 'MIE' else 'MIP' **(Definitions provided by CDR Team - July 2004)**
LNA	**69-71**	**A3**	**List Number A** 001-999, Blank ZZZ = Unknown
LNB	**72-74**	**A3**	**List Number B (See LNA)**
LNC	**75-77**	**A3**	**List Number C (See LNA)**
LND	**78-80**	**A3**	**List Number D (See LNA)**
LNE	**81-83**	**A3**	**List Number E (See LNA)**
LNF	**84-86**	**A3**	**List Number F (See LNA)**

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
SLC	**87**	**A1**	**Study List Code** A = Automatic SSI2 query (This is systems generated for Title XVI CDR Cases) B = ARC/HIV related, NY region - use discontinued C = Title XVI special childhood sample selection D = NY Region Only For AIDS Terminally Ill Cases E = Litigation - Stieberger (formerly Etsitty) F = reserved for future use (formerly Campbell) G = Full Process Model (formerly Boyd) H = Hearing DHU case I = State Of New York J = Special Title II Disability workload (formerly Luna) K = Single Decisionmaker Pilot (formerly Dixon) L = FPM Control case (formerly Wilkerson) M = Process Unification Disability Rationale N = Non federal cases O = Unassigned P = Process Unification Initiative #4 (formerly Peck) Q = Zebley R = Federal DDS MIRS/Mental Reapplication for New York S = DAA Redetermination (formerly City Of New York) T = Samuels U = Terminally Ill Cases (NY Region; Uses "D" For AIDS Terminally Ill Cases). V = reserved for future use (formerly Diaz) W = Mississippi (formely Wilson) X - OIO Y = City Of New York Z = Robert Smith 0 (zero) = Bailey 1 = Canadian claims for New York & Boston Regions 2 = Listing code 122 case 3 = Marcus 1991 On (formerly Court Ordered Reopenings Other 4 = Hyatt 5 = reserved for future use (formerly McDonald) 6 = Johnson From June 1991 On (formerly Polaski Through May 1991) 7 = DMA (Document Management Architecture) - AeDib (formerly Schisler) 8 = Redetermination Pursuant to P.L. 104-193 Age 18 or Childhood (formerly Aldrich) 9 = Age 19 became 19 prior to initiation of redetermination - CDR conducted (formerly Morrison) All Blanks = Not Available/Not Applicable *This field was updated according to POMS SM 6001.120 on July 2, 2003*
LIT1	**88-90**	**A3**	**Litigation Code 1**

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DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
			Valid Litigation Codes range from 750-798 & 800-899, however the codes listed below include those known at the present time. For codes not listed contact the Litigation Staff.
			Codes below are current as of 7/25/2003.
			000 Unknown/not coded
			108 Operation Iraq Freedom claim
			500 Albany DDS cases sent to Buffalo for adjud.
			501 Jamaica (NY) DDS cases sent to Albany for adjud.
			755 Hyatt 3
			757 Small
			760 Hyatt Reassessment
			766 Hickman
			771 Silveira
			772 Curry
			775 Zebley Med. Redeterm.
			783 Goodnight
			789 Kendrick
			790 Childhood Med. Redeterm.
			791 Laird
			795 Thayer
			796 ALJ Dutle
			797 Surrell
			801 Bailey
			808 Dixon
			812 Hyatt
			813 Grant
			819 Salamalekis
			823 Robert Smith
			825 State of New York
			829 Zebley
			835 Walton
			857 Walton II
			867 Thomas
			870 Adamson
			886 Bozzi
			888 Cuffee
			889 Stieberger
			896 Boring
			899 Rosetti
LIT2	**91-93**	**A3**	**Litigation Code 2 (See LIT1)**
LIT3	**94-96**	**A3**	**Litigation Code 3 (See LIT1)**
LIT4	**97-99**	**A3**	**Litigation Code 4 (See LIT1)**

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DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
LIT5	**100-102**	**A3**	**Litigation Code 5 (See LIT1)**
LIT6	**103-105**	**A3**	**Litigation Code 6 (See LIT1)**
LIT7	**106-108**	**A3**	**Litigation Code 7 (See LIT1)**
LIT8	**109-111**	**A3**	**Litigation Code 8 (See LIT1)**
LIT9	**112-114**	**A3**	**Litigation Code 9 (See LIT1)**
LIT10	**115-117**	**A3**	**Litigation Code 10 (See LIT1)**
DDPB	**118-125**	**I8CYMD**	**Date Disability Period Began** CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month And Day 99999999 = Invalid Characters or Unknown/Not Available
DO	**126-128**	**A3**	**District Office Code** A00-K99 Or 000-999 ZZZ = Unknown/Invalid Characters Blank = Not Available
OY	**129-130**	**A2**	**Occupation Years** 00-99 ZZ = Unknown Blank = Not Available
OCC	**131-132**	**A2**	**Occupation Code** 00-99 ZZ = Unknown Blank = Not Available
IND	**133-134**	**A2**	**Industry Code** 00-99 ZZ = Unknown Blank = Not Available

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
ED	**135-136**	**A2**	**Education Years** 00-26, 99 ZZ = Unknown Blank = Not Available
VRA	**137**	**A1**	**VR Action** A = Referred To VR B = Not Referred To VR C = Previously Referred 1 = Referred To VR And Agency For Children 2 = Child Under 16--Referred To Agency Blank = Unavailable Z = Unknown
VRN	**138-142**	**A5**	**Vocational Rule Number** 201.01-203.31 And 204.00 Blank = Not Available ZZZZZ = Unknown
MLN	**143-149**	**A7**	**Medical List Number** 001 To 014 Part A--Adult Listings 100 To 114 Part B--Childhood Listings (Title XVI Only) ZZZZZZZ = Unknown Blank = Not Available
SPC	**150-151**	**A2**	**Physician Specialty Code** 01-47 Blank = Not Available 99 = Unknown
DOT	**152-157**	**I6CYM**	**Date of Termination** CCYYMM CCYY88 = Unknown Month 999999 = Invalid Characters or Unknown/Not Available
FS	**158**	**A1**	**Federal Sample Indicator** N = Not Selected P = Preeffectuation Review Q = Quality Review Z = Unknown

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
BI	**159**	**A1**	**Case Of Blindness** A = Not Disabled For Cash Benefits B = Disabled For Cash Benefits Blank = Not Coded Z = Unknown
BICASHDT	**160-165**	**I6CYM**	**Blindness Continues For Cash Benefit Date** CCYYMM CCYY88 = Unknown Month 999999 = Unknown/Not Available or Nonnumeric Characters
BICEASED	**166-171**	**I6CYM**	**Blindness Ceased Other Impairment Date** CCYYMM CCYY88 = Unknown Month 999999 = Unknown/Not Available or Nonnumeric Characters
BINOCASH	**172-177**	**I6CYM**	**Blindness Continues For Noncash Benefit Date** CCYYMM CCYY88 = Unknown Month
OE	***178**	**A1**	**Other Entitlement** 832s N = No Other Entitlement Z = Invalid Characters Blank = Not Available/Not Applicable 833s Y = Yes, Other Entitlement N = No Other Entitlement Z = Invalid Characters Blank = Not Available/Not Applicable
DET	***179**	**A1**	**Determination** 1 = Disability 2 = Impairment Severity Blank = Unknown/Not Coded Z = Invalid Characters
EPEDATE *	**180-185**	**I6CYM**	**EPE Begin Date** CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
EPEDENY *	**186**	**A1**	**EPE Reinstatement Denied** Y = EPE Reinstatement Denied Blank = Not Available/Unknown
EPEREIN*	**187-192**	**I6CYM**	**EPE Reinstatement Allowed** CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
EPESUSP *	**193-198**	**I6CYM**	**EPE Suspended After Reinstatement** CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
EPETERM *	**199-204**	**I6CYM**	**EPE Benefit Termination** CCYYMM CCYY88 = Unknown Month 999999 or Blank = Unknown/Not Available or Invalid Characters
CDODEC	**205**	**A1**	**Changed DODEC** C = Record Where DODEC Is Derived From FLD (OD Edit) Q = Changed As A Result Of OPIR Actions Blank = Not Applicable
Filler	**206-207**	**A2**	**Filler**

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
LASTN	**208-233**	**A26**	**Last Name Of Claimant** 26 Characters Of Last Name
FIRSTN	**234-249**	**A16**	**First Name Of Claimant** 16 Characters Of First Name
MIDDLEN	**250-259**	**A10**	**Middle Name Of Claimant** 10 Characters Of Middle Name
CDT	**260-261**	**A2**	**Continuing Disability Review Type** 01 = Medical Improvement Expected (MIE) Diary 02 = T16 Childhood Disability Redetermination 03 = Medical Improvement Possible (MIP) Diary 04 = T16 age 18 Disability Determination 05 = Expedited Reinstatement 06 = Named Litigant/Court Case 07 = Reserved for future use 08 = Reopened Mental Impairment 09 = Medical Improvement Not Expected (MINE) Diary 10 = Automated Direct Release Only MINE Diary 11 = Reserved for future use 12 = Extended Period of Eligibility (EPE) Review 13 = Miscellaneous (Included T16 1619 Cases) 34 = CDR mailer released in FY 1994 35 = CDR mailer released in FY 1995 36 = CDR mailer released in FY 1996 37 = CDR mailer released in FY 1997 38 = CDR mailer released in FY 1998 39 = CDR mailer released in FY 1999 40 = CDR mailer released in FY 2000 41 = CDR mailer released in FY 2001 42 = CDR mailer released in FY 2002 43 = CDR mailer released in FY 2003 44 = CDR mailer released in FY 2004 or later 99 = Unknown Blank = Not Available
DPM	**262**	**A1**	**Permanent Disability Code** N = Nonpermanent P = Permanent 0 (Zero) = Denial Or Cessation Decision Blank = Not Coded Z = Unknown

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
SLCQ	**263**	**A1**	**Study List Code (Zebley)** Q = Zebley Case Provided Through The Reconciliation Process Blank = Not Applicable
DAA	**264**	**A1**	**Drug Or Alcohol Addiction** A = Alcohol Does Contribute To Findings B = DA&A Both Contribute To Findings D = Drugs Do Contribute To Findings N = DA&A Does Not Contribute To Findings W = No medical evidence of DAA X = Alcoholism not material to Findings Y = Drug Addiction not material to Findings Z = Neither DA or A Contribute to Findings Blank = Unknown/Invalid Code NOTE: Codes W, X, Y & Z effective as of March 1996 with DAA Legislation but coding was not input by DDSs until 5/96.
RECONDTE	**265-272**	**I8CYMD**	**Reconsideration Date** CCYYMMDD CCYY8888 = Unknown Month And Day 99999999 = Unknown/Not Available or Nonnumeric Characters
EOR	**273**	**A1**	**Evidence Of Record** Y = EOR Purchased N = EOR Not Purchased Blank = WBDOC record
CER	**274**	**A1**	**Consultative Examination Request** Y = CER Requested N = CER Not Requested Blank = WBDOC record
ESC	**275**	**A1**	**Escalated Claim** Y = Claim Escalated To The Reconsideration Level N = Claim Was Not Escalated Blank = WBDOC record
ONDCODE	**276**	**A1**	**Onset Code Type** P = Title XVI Presumptive DIB C = Title II Change In Onset Date F = Final Allowance Blank = Not Coded Z = Unknown
SCF	**277**	**A1**	**Special Case Flag** F = Transitional Fed Medicare

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
			M = Regular Fed Medicare P = DIB Quality Branch Case R = Title II 13th Month C = Other D = Drug Or Alcohol Addiction E = Collateral Estoppel H = DHU Hearing Held Blank = Not Available/Not Applicable Z = Unknown
SUC	**278**	**A1**	**Special Use Code** Used By Special Instruction Codes Not Listed In NDDSS Manual Or The SSA-832/3 POMS Values Of A To Z Or Blank
BIDATE	**279-286**	**I8CYMD**	**Adjusted Blind Onset Date** CCYYMMDD CCYYMM15 = Unknown Day CCYY8888 = Unknown Month 99999999 = Unknown/Not Available
I301	**287**	**A1**	**301 Indicator Case** Y = 301 Case N = Not A 301 Case Blank = Not Available/Invalid Character
STRDATE	**288-295**	**I8CYMD**	**State Receipt Date** CCYYMMDD 99999999 = Unknown/Not Available CCYY8888 = Unknown Month CCYYMM88 = Unknown Day
XAN	**296-304**	**A9**	**Cross-reference Account Number** May be beneficiary's own account number, or the account number of a related claim
MAN	**305-313**	**A9**	**Modified Account Number** Old SSN entry, which was corrected to entry which now appears in SSN field. SCORSSN (below) shows correction source.

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
SCORSSN	**314**	**A1**	**Source of Corrected SSN** Source of change reflected by MAN (above) C = SSN update on NDDSS, prior to closure Q = Zebley reconciliation activity U = SSN update on NDDSS, relationship to closure date unknown--possible duplicate record under MAN, to be resolved. W = SSN update on NDDSS, after closure--possible duplicate has been resolved
SSNVER	**315-316**	**A2**	**SSN Verification** (Future Use, in reconciliation projects--may be source and verification code)
SAORACT	**317**	**A1**	**SAOR Action Code** A = Received this report week B = Pending at the beginning and closing of this report week C = Received and closed within this report week D = Closed this report week F = Closed and already counted during a prior report week (For SAOR/DDB reconciliation projects--see SM 06006.015.)
ZIP	**318-326**	**A9**	**ZIP Code Of Claimant** See National Zip Code Directory
ST	**327-328**	**A2**	**State Of Claimants Residence** (Decoded From ZIP) Alphabetic Codes For States: AL-WY
STNUM	**329-330**	**A2**	**State Code (Numerical)** (Decoded From ZIP) Numeric Codes For States: 01-53, 64, 65, 67, 88 and 99
WOF	**331-338**	**I8CYMD**	**Week Of File** CCYYMMDD = The last day of the processing week (which is Saturday through Friday) of the records that are posted to the Master File. (Records are posted on the following Monday.)
OPD	**339-346**	**I8CYMD**	**Original Posting Date** CCYYMMDD = The WOF of the first record posted to the Master File. When duplicate records come through the Transaction File, this date will be copied to the current record from the old record, before the old record is overwritten.

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
MDREC	**347**	**A1**	**Medical Development Record?** Y = Yes P = Prior MD information can still be found in the MD file. N = No
SKEL	**348**	**A1**	**Skeleton Record Created or Full Record Corrected From** NOTE: This field is reserved for future use.
DDSSV	**349-351**	**A3**	**DDS Code from DOORS** DDS systems designation codes (added May 2001)
OLDSLC1	**352**	**A1**	**Previous SLC** See SLC. A # sign indicates field never used
OLDSLC2	**353**	**A1**	**Second Previous SLC** See SLC. A # sign indicates field never used
OLDSLC3	**354**	**A1**	**Third Previous SLC** See SLC. A # sign indicates field never used
OLDSLC4	**355**	**A1**	**Fourth Previous SLC** See SLC. A # sign indicates field never used
OLDSLC5	**356**	**A1**	**Fifth Previous SLC** See SLC. A # sign indicates field never used
SSIP	**357**	**A1**	**SSI PER Indicator** Y Blank
EDIBPI	**358**	**A1**	**EDCS Indicator** Y= EDCS Blank
EDIBFLDR	**359-367**	**A9**	**eDib Folder Number** 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
EDIBCASE	**368-376**	**A9**	**eDib Case Number** 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS

SSA-833
DDB RECORD LAYOUT - 1989 AND CONTINUING

DDB ACRONYM	POSITION	FORMAT	DESCRIPTION
EDIBSEQ	**377-385**	**A9**	**eDib Sequence Number** 000000001 - 999999999 = EDCS Spaces or All Zeroes = Non-EDCS
PINDC	**386**	**A1**	**EDCS Current Paper Indicator** 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
PINDP	**387**	**A1**	**EDCS Prior Paper Indicator** 0 = Fully Electronic (IDA certified) 1 = Paper Case (IDA Certified) 2 = EDCS involvement Blank = no EDCS involvement
SSNMCS	**388 - 396**	**A9**	**SSN from MCS - DSCVCLMT** Claimant's SSN from MCS for EDCS reads
FILLER	**397 - 417**	**A21**	**Reserved For Future Use**
DEDIARYD	**418- 425**	**I8CYMD**	**Examiner diary date - DSCVDEDD**
ORIGDICD	**426**	**A1**	**Original DDS Examiner Diary Reason Code** See DR (Diary Reason) field at position 68
DIARYFLG	**427**	**A1**	**Diary Model OD Flag Field** A = not run (invalid diary info date) B = not run (invalid date of birth) C = not run (invalid DODEC) D = not run (T16/under 18.2 years old) E = not run (T16/concurrent) F = not run (invalid final table key) G = not run (sampling) H = not run (SSN/BIC for CDR not in BSTAT file) I = run (DODEC <= 19860101 and MLN = 00505A or 00505B), DR = 7 J = run (PDX is 0430, or 0440, or 2790), DR = 7 1 = run (new DR = A, sampling) 3 = run (new DR = 3, sampling) 7 = run (new DR = 7, sampling) Y = run (new DR and diary info date)
FILLER	**428 - 440**	**A13**	**Reserved For Future Use**

*Date fields will show all 9's when unknown or invalid, except EPE dates which could have "Blank" or all 9's.

APPENDIX J

FILE LAYOUT OF THE DCF: DISABILITY CONTROL FILE

11. DISABILITY CONTROL FILE (DCF)—DRAFT 11.5

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11. Disability Control File (DCF)

11.1. The DCF Master File

11.1.1. Source of Data and File Structure

The DCF is a new master file that contains a record for all disability-related claims filed by a beneficiary, a beneficiary's work and earnings, data regarding Continuing Disability Reviews (CDR) and Expedited Reinstatement (EXR) actions pending and processed. The DCF is part of a larger initiative, the Integrated Disability Management Systems (IDMS). The goal of the IDMS is to provide centralized, electronic databases to store, support, and control post-entitlement disability-related actions and determinations. IDMS will eventually integrate other systems and databases with the DCF. The DCF file is person based rather than benefit based, meaning that the file contains a complete record for every person regardless of the type of benefit(s) applied for or entitled to.

The DCF was created on November 23, 2002 through a conversion process from the former Continuing Disability Review Control File (CDRCF). At the time of the conversion, the CDRCF contained CDR records for all current and former SSI beneficiaries and Ticket to Work records for all Social Security and SSI beneficiaries who had been selected to receive a Ticket. The conversion process screened the entire MBR and SSR to identify all former disability beneficiaries, all denied disability applicants, and any TII disability beneficiaries who had not been selected to receive a Ticket, then created a DCF record for each. In addition, all data contained in the Disability Investigation data group (except DIG and SDIG) and the Continuing Disability Review Mailer data group was moved to the DCF and those variables were deleted from the MBR. The DCF master file is stored as a direct access database with a compressed hierarchical record structure. In November 2003, the master file contained records for approximately 35 million people.

The DCF has one record for each person with the Claimants Own Social Security Number (COSSN) plus a 2 digit No SSN Identification (NOSSNID) as the unique identifier. The COSSN is equivalent to the BOAN for TII records and equivalent to the PAN for TXVI records. If the BOAN or PAN is known the NOSSNID value is "00". For TII records with a missing BOAN, the Social Security Claim Account Number (CAN) is used for the COSSN along with the NOSSNID assigned in order of record receipt beginning with "01". When the BOAN is identified, the COSSN is replaced with the BOAN and the NOSSNID is changed to "00".

The DCF master file consists of 14 data groups as follows:

- Fixed Header—one occurrence of data per person.
- Person Data—one occurrence of data per person.
- Disability Claim—up to 99 claim records per person.
- Common History Control--up to 99 occurrences of data with up to 300 historical occurrences per person.

- Development Work Sheet—up to 100 occurrences of data per person.
- System Action Items—up to 50 occurrences of data per person.
- Earnings Data—up to 180 occurrences of data per person (Effective 1/17/04 this section was converted to DB2 so there are now an unlimited number of occurrences in the master file).
- Ticket to Work data-- up to 30 occurrences of data with up to 300 historical occurrences per person.
- T16 Medical CDR-- up to 99 occurrences of data with up to 300 historical occurrences per person.
- Expedited Reinstatement of Benefits-- up to 99 occurrences of data with up to 300 historical occurrences per person.
- T16 Public Law 104-- up to 99 occurrences of data with up to 300 historical occurrences per person.
- T16 Child CDR-- up to 99 occurrences of data with up to 300 historical occurrences per person.
- T2 Medical CDR-- up to 99 occurrences of data with up to 300 historical occurrences per person.
- T2 Work CDR-- up to 99 occurrences of data with up to 300 historical occurrences per person.

Beginning in December 2003, ORES created 10 separate caret (^) delimited, variable length flat file extracts from the DCF master file. These extracts were produced on a monthly basis and sorted by COSSN. Now the extracts are produced quarterly. Each extract file contains most variables and all occurrences for each data group. Variables containing free format narrative text were not included in the extracts. For multiple occurrence data elements, each occurrence of **one variable** is separated by a '^' and repeated the maximum number of times before the next variable. For example, in the Disability Claim data group the CLM-EFD-MNTH variable will be repeated 99 times before the next variable CLM-ADJ-DT begins. The ten ORES extract files (stored on System 51 and MISF with the following file names) are:

Group 01.	Fixed Header and Person data	ORS.P1171.$5696.RYYMMDD.GROUP01.SORTED
Group 02.	Disability Claim data	ORS.P1171.$5696.RYYMMDD.GROUP02.SORTED
Group 03.	Earnings Data	ORS.P1171.$5696.RYYMMDD.GROUP03.SORTED
Group 04.	Ticket to Work	ORS.P1171.$5696.RYYMMDD.GROUP04.SORTED
Group 05.	T2 Medical CDR	ORS.P1171.$5696.RYYMMDD.GROUP05.SORTED
Group 06.	T16 Medical CDR	ORS.P1171.$5696.RYYMMDD.GROUP06.SORTED
Group 07.	T16 Child CDR	ORS.P1171.$5696.RYYMMDD.GROUP07.SORTED
Group 08.	T2 Work CDR	ORS.P1171.$5696.RYYMMDD.GROUP08.SORTED
Group 09.	Expedited Reinstatement (EXR)	ORS.P1171.$5696.RYYMMDD.GROUP09.SORTED
Group 10.	Development Worksheet	ORS.P1171.$5696.RYYMMDD.GROUP10.SORTED

Records that are excluded from ORES extracts include:

- Individuals whose only disability claim(s) filed were denied.
- Individuals whose benefits where terminated before January 1, 1990.

Excluding these individuals reduced the size of the extract files by about 40 percent, from 35 million people to about 21 million. ORES has the capability to directly access the

DCF master file so on an ad hoc basis can produce specialized files for denied and/or terminated individuals. In addition, no extract was created for the T16 PL104 data group because that data is obsolete.

Each of the ten data extracts contains Common Fixed Header Variables that can be used to merge any combination of the extracts together for analysis. Those variables and formats are:

Location	Full Field Name	Variable Acronym Name	Size	Type	Format
	Common Fixed Header Variables				
	1 Occurrence				
1	Date of File Selection	SEL-DATE	8	N	CCYYMMDD
9	Filler	FILLER	1	^	
10	Fixed Claimant's Own SSN	FIXED-COSSN	9	N	
19	Filler	FILLER	1	^	
20	Fixed No SSN Identification	FIXED-NOSSNID	2	N	
22	Filler	FILLER	1	^	
23	Fixed Title	FIXED-TITLE	1	N	
24	Filler	FILLER	1	^	
25	Fixed Multi T2 SW	FIXED-MULTI-T2-SW	1	A/N	
26	Filler	FILLER	1	^	
27	DCF Group (ORES Derived—see list above group 01-10)	DCF-ORES-GRP	2	A/N	
29	Filler	FILLER	1	^	
			29	29	

11.1.2. Crosswalk of Research Subject and Data Elements

Below are several research subjects and key DCF data elements of interest to each topic. Page numbers are given for each. The list aims to provide initial researcher guidance only; it is neither an exhaustive list of research topics nor an exhaustive list of DCF data elements that relate to these topics.

The layout of the data dictionary for this chapter will differ from the rest of the manual to minimize the amount of duplicative information that would otherwise be provided. The CDR data groups contain many variables that differ only by the pre-fix of the variable name. For example, the diagnostic code variable is labeled MED-DIG, CHLD-DIG, EXR-DIG, or T2MED-DIG depending on the type of CDR data group where it is stored. Therefore, common variables will be defined once and will be listed with a pseudo pre-fix of XXXX, i.e. XXXX-DIG.

Type of Benefit

FIXED-TITLE	Fixed Title11.79
FIXED-MULTI-T2-SW	Fixed Multiple T2 Entitlement Switch
FIXED-DUAL-ENT-SW	Fixed Dual Entitlement Switch
CLM-ADJ-DT	Claim Adjudication Date
CLM-EFD-MNTH	Claim Effective Date Month
CLM-TITLE	Claim Title
CLM-EXR-MNTH	Claim Expedited Reinstatement Date Month

CLM-EXR-DENL-SW	Claim Expedited Reinstatement Denial Switch
CLM-DIB-ENT-MNTH	Claim Disability Entitlement Date Month
CLM-DENIAL-RSN	Claim Denial Reason
CLM-TERM-MNTH	Claim Termination Date Month
CLM-TERM-RSN	Claim Termination Reason
CLM-PENDING-SW	Claim Pending Switch

Demographics

FIXED-DEATH-CD	Death Code
PRSN-DOB	Date of Birth
PRSN-DOD	Date of Death

Disability

FIXED-DEMO-IND	Fixed Demonstration Indicator
PRSN-BLND-DT	Person Blind Date
CLM-ONSET-DT	Claim Onset Date
XXXX-DIG	Diagnostic Code
XXXX-SDIG	Secondary Diagnostic Code
XXXX-DEC-DT	Decision Date
XXXX-MRED-MNTH	Medical Diary Reason
XXXX-DPM	Disability Permanent Indicator
XXXX-MED-DRY-RSN	Medical Diary Reason
XXXX-LISTING-CD	Medical Listing Code
XXXX-VOCL-RULE	Vocational Rule
XXXX-RBC	Regulations Basis Code
WORK-ENFORCE-AMT	Work Enforcement Amount
WORK-FIRST-MNTH	First Work Month
WORK-LAST-MNTH	Last Work Month
WORK-BENCON	Benefit Continuation

Ticket to Work

FIXED-TKT-STUS	Fixed Ticket Status
FIXED-TKT-STUS-DT	Fixed Ticket Status Date
FIXED-TKT-SLTD	Fixed Ticket Selected Date
FIXED-TKT-TITLE	Fixed Ticket Title
FIXED-TKT-PMT-CTR	Fixed Ticket Payment Counter
TKT-NUMBER	Ticket Number
TKT-MAILED-DT	Ticket Mailed Date
TKT-CNTRCT-DT	Ticket Contract Date
TKT-ASSGND-DT	Ticket Assigned Date
TKT-UNASSGND-DT	Ticket Unassigned Date
TKT-TERMD-DT	Ticket Terminated Date
TKT-TERM-RSN	Ticket Termination Reason

TKT-PMT-TYPE	Ticket Payment Type
TKT-MONTH	Ticket Month
TKT-INUSE-SW	Ticket In Use Switch
TKT-T2-CUR-PAY-SW	Ticket Title 2 Current Pay Switch
TKT-T2-ERNGS-SUSP-SW	Ticket Title 2 Earnings Suspension Switch
TKT-TERMD-DT	Ticket Terminated Date
TKT-T16-FPMO-SW	Ticket Title 16 Federal Payment Month
TKT-T16-ERNGS-SUSP-SW	Ticket Title 16 Earnings Suspension Switch
TKT-PAID	Ticket Paid
TKT-T2-ERNGS-TERMD-SW	Ticket Title 2 Earnings Terminated Switch
TKT-T16-ERNGS-TERMD-SW	Ticket Title 16 Earnings Terminated Switch

Earnings

ERNGS-MONTH	Earnings Month
ERNGS-ALLGD-AMT	Earnings Alleged Amount
T16-ERNGS-GRS-AMT	T16 Earnings Gross Amount
T16-ERNGS-VRFD-SW	T16 Earnings Verified Switch
T16-ERNGS-WRK-EXP-AMT	T16 Earnings Work Expense Amount
T16-ERNGS-SE-NET-AMT	T16 Earnings Self Employment Net Amount
T16-ERNGS-SE-VRFD-SW	T16 Earnings Self Employment Switch
T2-ERNGS-GRS-AMT	T2 Earnings Gross Amount
T2-ERNGS-VRFD-SW	T2 Earnings Verified Switch
T2-ERNGS-WRK-EXP-AMT	T2 Earnings Work Expense Amount
T2-ERNGS-SE-NET-AMT	T2 Earnings Self Employment Net Amount
T2-ERNGS-SE-HRS	T2 Earnings Self Employment Hours
T2-ERNGS-SE-VRFD-SW	T2 Earnings Self Employment Switch
T2-ERNGS-TWP-DATA	T2 Earnings Trial Work Period Data

11.1.3. Data Usage Issues

This section discusses some data usage issues related to the DCF such as the integrity of the data, how to identify a particular type of claim, and the relationship of various types of data to a particular claim and person.

Data Integrity

Several problems occurred when the DCF file was created in November of 2002 that affected the integrity of the data stored in the DCF. Since that time, the Office of Systems has made corrections and enhancements to the DCF. However, there are still several unresolved problems that users need to be aware of when using these data. The following charts provide a brief description of the outstanding problem or enhancement, the status (or scheduled date if known) of each, and whether or not incorrect data has been (or needs to be) cleaned up.

IDMS: CDRTTW Release 3.0				
Database cleanups planned starting July 2003 and ongoing until completion	**PRIORITY**	**RISK**	**Cleanup?**	**STATUS**
Correct Invalid Medical Data 1. Incorrect Medical Decision from 11/23 - 12/07 needs to be identified and cleaned up from March software correction 2. Disability Permanent Indicator (DPM) not posted to the DCF for T16 and T2 cases 11/22/03 – March 2003 - requirements complete Waiting for resources to code cleanup software. 3. Overlay of bad Disability date from 4648 process 4. Cleanup T2MED invalid data due to batch initialization problem with MADCAP process	**C**			
Incorrect Iteration number for mailers. Event code 5_ cleanup requirement in draft. Other event code problems uncovered in research to be cleaned up.	**C**			
Second Tickets issued without claim pointers. Probably erroneous tickets	**C**			
Aug-2003 Production Problems and Enhancements	**PRIORITY**	**RISK**	**Cleanup?**	**STATUS**
Earnings entered as "E" for expired on VERN are showing up on QERN with a WK DET code of "N" should be "E"	**C**	**L**	**N**	8/16/2003
IDMS RELEASE 3.0 January 2004 release - DB2 release, Demo project, and corrections	**PRIORITY**	**RISK**	**Cleanup?**	**STATUS**
Demonstration Project Indicator - input screen training			**N**	1/2/2004
Move DCF Earnings to DB2			**N**	1/10/2004
Expand Earnings months beyond 180			**N**	1/10/2004
Demonstration Project Indicator - online implementation			**N**	1/31/2004
IDMS RELEASE 3.0 February 2004 OCSE Query, Demo project, and problem corrections	**PRIORITY**	**RISK**	**Cleanup?**	**STATUS**
Demonstration Project Indicator – batch release			**N**	2/6/2004
Medical Cessations posted to DCF as Continuances	**C**	**M**	**Y**	2/6/2004
Work Cessations being posted as Medical Cessations	**C**	**M**	**Y**	2/6/2004
OD Medical decision update corrections	**C**	**L**	**N**	2/6/2004
DRES correction to problem preventing add of CDRs for terminated record				2/14/2004
Corrections to the MMDS and IPCA screens to correctly compute the MRED date				2/14/2004
OCSE T2 Query-Permission module		**M**	**N**	2/21/2004
Terminating Ticket when benefit entitlement ends, so can't pay EN	**C**	**H**	**Y**	3/5/2004
All T2 terminations and EPE suspensions are being posted to DCF incorrectly (incorrect termination date and reason being posted)	**C**	**M**	**Y**	3/5/2004
EXR claims not posting correctly	**C**	**H**	**Y**	3/5/2004
When DCF posting a 2nd Ticket, the DCF is wiping out the termination date of 1st Ticket	**C**	**H**	**Y**	3/5/2004
June 2004 MBR rewrite and problem corrections	**PRIORITY**	**RISK**	**Cleanup?**	**STATUS**
MBR Rewrite	**C**		**N**	6/21/2004

Future dates of entitlement are not updated to the Fixed data – DCF established when MBR established no matter when the entitlement is	**C**			Est 6/21/2004
Denials changed to allowances are not updating the Claim and Medical data properly – DCF is creating a new occurrence – affect all appeal data coming in to DCF	**H**			Est 6/21/2004
Automatic closure of T2VY Double Keying Issue	**C**	**H**	**Y**	Est 6/21/2004
TWP Completion corrections • Correct posting when the verified Ind = 'C' • Correct posting when 9th TWP month verified • Correct posting when 9th TWP month is changed	**C**	**H**	**N**	Est 6/21/2004
Ongoing work - Recently Identified Problems Undergoing Analysis	**PRIORITY**	**RISK**	**Cleanup?**	**STATUS**
Folder request shows incorrect OD remarks - affects all folder requests - PCACS (identified 04/20/03)				
T2 Kill Credit actions not updating the DCF with termination info (identified by systems April 2003)			**Y**	
When T2 benefits resumed from term, DCF not removing term date preventing CDR and Ticket updates (identified April 2003)			**Y**	

IDMS:CDRTTW Releases 3.2 plus maintenance		
December 11, 2004 Release		
Enhancement or problem description	***Release date***	***Cleanup needed?***
Enhancements		
1. CDR Failure to Cooperate - IDMS:CDRTTW 3.2 release-T16 (delayed pending Commissioner approval)	TBD	no
Problem corrections		
2. CDR40 Rewrite which processes T16 ZDF transactions, T2 DUDEX, MADCAP and MCS transactions to update fixed, person, claim and medical history areas of DCF	12/11/2004	yes
4. MCDR to correct user-id filed placement. #P-2004-0917-002 - userid update correction. Currently low values instead of userid.	12/11/2004	no
5. CDRI to correct field protection SB query only #V-2004-0922-002	12/11/2004	no
6. Fix to ZDF interface-new data to validate tied to CDR40 rewrite.	12/11/2004	
7. Fix to CDR87 for compute new ticket number	12/11/2004	no
8. Fix T2 second mailer DFR and software to close out open first time mailers when apply screen out #01, etc. (for T2 to be consistent with T16 rules. Create 023 for 2nd mailer)	12/11/2004	no
9. Ticket-PMOUT flags PAIRS # P-2004-0723-001 (When we get a T16 transaction and go out to make ticket, we are supposed to check MBR to see if concurrent. Becomes T2 only instead of concurrent as it should be)	12/11/2004	no
10. (#P-2004-0913-001) PMIN file correction.	12/11/2004	no
11. Online deferral action on CDR mailer was reported on 12/6/04to be resulting in an error message with prevention of action completion	12/11/2004	no
Technical corrections		

12. 508 corrections for the following screens:ECDR, IPCB, ITFR, CDRI, MMDS and QMMD	12/11/2004	no
13. ZDF takeover from DMS - Move modules to DCF. New job.	12/11/2004	no
Cyclical changes		
TWP/SGA new rates for 2005 changes for VERN and PM file.	12/11/2004	no
Cleanups		
14. When the previous occurrence of history is for a claim rather than a CDR, the MED-DRY-RSN is not being used to set the CDT. Instead the CDT is being set to "01" rather than "03" or "10" based on the prior MED-DATA.	12/11/2004	n/a
15. Cleanup blank DIB-ENT-MNTH for SSI records	12/11/2004	n/a
16. IPCA deferral input problem: IPCA Processing problem, contact systems support, (OD03) 3040-GREGTOMM Response Code (P-2004- 1207-0001)	12/11/2004	n/a

The following clean ups have been done since the DCF file was created:

Types of Claimants

The DCF is a person based database with the COSSN plus the NOSSNID as the unique identifier. All DCF extracts have a few common variables to allow for merging different groups of data together for analysis. The CLM-FIXED-TITLE variable located in this set of common variables identifies the current type of **entitlement**. (See **prior entitlement** below if the user is interested in analyzing DCF data for a particular cohort or for individuals who are not currently entitled to benefits.) This variable has four possible values:

- Blank = Not entitled to either T2 or T16
- '1' = Entitled to T2 only
- '2' = Entitled to both T2 and T16
- '3' = Entitled to T16 only

The CLM-MULTI-T2-SW variable indicates whether an individual is entitled to multiple types of T2 benefits, e.g., as both a disabled worker and as a disabled adult child. A value of 'Y' indicates the person is entitled to multiple benefits, while an 'N' indicates no multiple T2 entitlement.

The CLM-TITLE and the CLM-SSNID variables in the Disability Claim data (group 02) extract can also be used to identify types of claimants. For each claim filed, the CLM-TITLE variable will have a value of either '1' = T2 or '3' = T16 to indicate the appropriate disability program. The CLM-SSNID identifies the specific type of benefit applied for or received (**prior entitlements**) as follows:

- For T2 claims = BIC value, or
- For T16 claims = MFT value

There is a one-to-many relationship between records in the Group 01 extract and those in the Disability Claim data extract. The Group 02 extract has a record of every claim, including requests for expedited reinstatement of benefits, filed by an individual in effective filing date order. For example, an individual who has filed for both T2 and T16 benefits would have a minimum of two occurrences of claims data in this group—one for

each type of benefit. For someone who filed for disabled worker, disabled adult child, and T16 benefits, there would be a minimum of three occurrences of claims data.

Other Data Groups

The type of claimant determines where or if there is additional data in the other extract groups. For example, a T16 only beneficiary would not have data in either the T2 Medical or T2 Work extracts. Likewise, there would not be an occurrence of data in the Expedited Reinstatement data group if the individual has not filed a request for that benefit.

A beneficiary will have at least one occurrence of CDR data with one or more occurrences of historical data available for each CDR conducted (a one-to-many relationship within each CDR group extract). The historical data is related to a particular CDR via the XXXX-CLM-ITER-NO and the XXXX-ITER-NO variables. The Ticket to Work extract is structured in a similar manner.

The Earnings extract (Group 03) will have at least one occurrence of data if the beneficiary worked at some point after his or her date of onset. Each occurrence represents one contiguous month beginning with the first month of earnings. This extract had a maximum of 180 months of earnings (occurrences) in the December 2003 file. Although the DCF master file has an unlimited number of occurrences of earnings data beginning with January 2004, the earnings **extract** is limited to 252 occurrences beginning with the first month we extract from the production files. The number of occurrences in the extract file will be increased periodically as the need arises.

11.2. Description of DCF Data Elements

The following pages document the DCF data elements contained in the extract files. The table below lists the data elements covered in the data dictionary. Data elements are presented in alphabetical order. The five CDR groups contain many common data elements that are listed with a prefix of XXXX though the actual pre-fix name varies by group. The actual CDR prefix names for each group are:

- T2MED—for T2 Medical CDR Data (Group 05).
- MED—for T16 [adult] Medical CDR Data (Group 06).
- CHLD—for T16 Child CDR Data (Group 07).
- WORK—for T2 Work CDR Data (Group 08).
- EXR—for Expedited Reinstatement Data (Group 09).

Data Element	Description	Page
CDR-VERSION-NUM	CDR Version Number	
CLAIM-NOE	Claim Number of Entries	
CLM-ADJ-DT	Claim Adjudication Date	
CLM-CLMSSN	Claim SSN	

CLM-DENIAL-RSN	Claim Denial Reason	
CLM-DIB-ENT-MNTH	Claim DIB Entitlement Month	
CLM-EFD-MNTH	Claim Effective Date Month	
CLM-EXR-DENL-SW	Claim Expedited Reinstatement Denial Switch	
CLM-EXR-MNTH	Claim Expedited Reinstatement Month	
CLM-ONSET-DT	Claim Onset Date	
CLM-PENDING-SW	Claim Pending Switch	
CLM-SSNID	Claim SSN Identification	
CLM-TERM-MNTH	Claim Termination Month	
CLM-TERM-RSN	Claim Termination Reason	
CLM-TITLE	Claim Title	
CLM-TWP-CMPL-MNTH	Claim TWP Completion Month	
DCF-ORES-GRP	DCF Group (ORES derived)	
DER-CLM-ITR-NO	Derived claim iteration number	
DWS-CLSD-DT	Development Worksheet Closed Date	
DWS-FUP1-DT	Development Worksheet Issue Follow up 1 Date	
DWS-FUP2-DT	Development Worksheet Issue Follow up 2 Date	
DWS-ISSUE	Development Worksheet Issue	
DWS-LOC	Development Worksheet Location	
DWS-NOE	Development Worksheet Number of Entries	
DWS-RQST-DT	Development Worksheet Issue Request Date	
DWS-TKL-DT	Development Worksheet Issue Tickle Date	
DWS-TYPE	Development Worksheet Type	
ERNGS-ALLGD-AMT	Earnings Alleged Amount	
ERNGS-LAST-UPD-DATE	Earnings Last Update Date	
ERNGS-MNTH	Earnings Month	
ERNGS-MONTHS-NOE	Earnings Months Number of Entries	
FIXED-CONV-IND	Fixed Conversion Indicator	
FIXED-COSSN	Fixed Claimant's Own SSN	
FIXED-DEATH-CD	Fixed Death Code	
FIXED-DELN-CD	Fixed Deletion Code	
FIXED-DELN-DT	Fixed Deletion Date	
FIXED-DEMO-IND	Fixed Demonstration Indicator	
FIXED-DUAL-ENT-SW	Fixed Dual Entitlement Switch	
FIXED-DWS-TKL-DT	Fixed Development Worksheet Tickle Date	
FIXED-ERNGS-SW	Fixed Earnings Switch	
FIXED-LAST-BTCH-DT	Fixed Last Batch Date	
FIXED-LAST-CHG-BY	Fixed Last Changed by	
FIXED-LAST-CHG-DT	Fixed Last Changed Date	
FIXED-LOCK	Fixed Lock	
FIXED-MULTI-T2-SW	Fixed Multi T2 SW	
FIXED-NOSSNID	Fixed No SSN Identification	
FIXED-OL-CHG-IND	Fixed Online Change Indicator	
FIXED-SYS-ACTN-DT	Fixed System Action Date	
FIXED-TITLE	Fixed Title	

FIXED-TKT-ALERT	Fixed Ticket Alert	
FIXED-TKT-PMT-CTR	Fixed Ticket Payment Counter	
FIXED-TKT-SLTD-DT	Fixed Ticket Selected Date	
FIXED-TKT-STUS	Fixed Ticket Status	
FIXED-TKT-STUS-DT	Fixed Ticket Status Date	
FIXED-TKT-TITLE	Fixed Ticket Title	
PRSN-BLND-DT	Person Blind Date	
PRSN-BTC	Person Beneficiary Telephone Code	
PRSN-BTN-ALT	Person Beneficiary Telephone Number Alternate	
PRSN-DOB	Person Date of Birth	
PRSN-DOD	Person Date of Death	
PRSN-FLDR-RECON-IND	Person Folder Reconstruction Indicator	
PRSN-FNM	Person First Name	
PRSN-INTGT-CD	Person Integrity Code	
PRSN-INTGT-DT	Person Integrity Date	
PRSN-LNM	Person Last Name	
PRSN-MNM	Person Middle Name	
PRSN-NDDSS-DT	Person National DDS system date	
PRSN-OD-DIARY-MNTH	Person OD Diary Month	
PRSN-OD-DIG	Person OD DIG	
PRSN-OD-DPM	Person OD DPM	
PRSN-OD-MDR	Person OD MDR	
PRSN-OD-SDIG	Person OD SDIG	
PRSN-SFX	Person Suffix	
SEL-DATE	Date of File Selection	
T16-ERNGS-GRS-AMT	T16 Earnings Gross Amount	
T16-ERNGS-PASS-AMT	T16 Earnings PASS Amount	
T16-ERNGS-SE VRFD-SW	T16 Earnings Self Employment Verified Switch	
T16-ERNGS-SE-NET-AMT	T16 Self Employment Earnings Net Amount	
T16-ERNGS-STUD-EXCL-AMT	T16 Earnings Student Exclusion Amount	
T16-ERNGS-VRFD-SW	T16 Earnings Verified Switch	
T16-ERNGS-WRK-EXP-AMT	T16 Earnings Work Expenses Amount	
T2-ERNGS-GRS-AMT	T2 Earnings Gross Amount	
T2-ERNGS-SBDY-AMT	T2 Earnings Subsidy Amount	
T2-ERNGS-SE VRFD-SW	T2 Earnings Self Employment Verified Switch	
T2-ERNGS-SE-HRS	T2 Self Employment Hours	
T2-ERNGS-SE-NET-AMT	T2 Self Employment Earnings Net Amount	
T2-ERNGS-SE-UBE-AMT	T2 Self Employment Earnings Unpaid Business Expense Amount	
T2-ERNGS-SPCL-CDN-AMT	T2 Earnings Special Condition Amount	
T2-ERNGS-TWP-Data	T2 Earnings Trial Work Period Data	
T2-ERNGS-VRFD-SW	T2 Earnings Verified Switch	
T2-ERNGS-WRK-EXP-AMT	T2 Earnings Work Expenses Amount	
TKT-ASSGND-DT	Ticket Assigned Date	
TKT-CLAIM-ITER-NO	Ticket Claim Iteration Number	

TKT-CLOCK-STOP-SW	Ticket Clock Stop Switch	
TKT-CNTRCT-DT	Ticket Contract	
TKT-DIB-TRUST-FUND-SW	Ticket Disability Trust Fund Switch	
TKT-EIN	Ticket Employer Identification Number	
TKT-INUSE-SW	Ticket In use Switch	
TKT-MAILED-DT	Ticket Mailed Date	
TKT-MONTH	Ticket Month	
TKT-MONTHS-NOE	Ticket Months Number of Entries	
TKT-NOE	Ticket Number of Entries	
TKT-NUMBER	Ticket Number	
TKT-PAID	Ticket Paid	
TKT-PM-NUM	Ticket Program Manager Number	
TKT-PMT-TYPE	Ticket Payment Type	
TKT-T16-ERNGS-SUSP-SW	Ticket Title 16 Earnings Suspension Switch	
TKT-T16-ERNGS-TERMD-SW	Ticket T16 Earnings Terminated Switch	
TKT-T16-FPMO-SW	Ticket Title 16 Federal Payment Month	
TKT-T2-CUR-PAY-SW	Ticket Title 2 Current Pay Switch	
TKT-T2-ERNGS-SUSP-SW	Ticket Title 2 Earnings Suspension Switch	
TKT-T2-ERNGS-TERMD-SW	Ticket T2 Earnings Terminated Switch	
TKT-TERMD-DT	Ticket Terminated Date	
TKT-TERM-RSN	Ticket Termination Reason	
TKT-TITLE	Ticket Title	
TKT-UNASSGND-DT	Ticket Unassigned Date	
TKT-WARNING-SW	Ticket Warning Switch	
WORK-DEC-DT	Work Decision Date	
WORK-ENFORCE-AMT	Work Enforcement Amount	
WORK-FIRST-MNTH	Work First Month	
WORK-LAST-MNTH	Work Last Month	
XXXX-ALJAC	Administrative Law Judge Appeal Council	
XXXX-APL-CD	Appeal Code	
XXXX-APL-DT	Appeal Date	
XXXX-APPEAL	Appeal Indicator	
XXXX-BENCON	Benefit Continuation	
XXXX-CLM-ITER-NO	Claim Iteration Number	
XXXX-DATA-NOE	Data Number of Entries	
XXXX-DDS-CDT	Continuing Disability Review Type	
XXXX-DEC-DT	Decision Date	
XXXX-DEST	Destination	
XXXX-DFR-DT	Deferral Date	
XXXX-DIG	Diagnostic Code	
XXXX-DOM1	Date of Mailer 1	
XXXX-DOM2	Date of Mailer 2	
XXXX-DPM	Disability Permanent Indicator	
XXXX-DR-INIT-DT	Direct Release Initiation Date	
XXXX-DT	Event Date	

XXXX-ELECT-ALJ	Elected Administration Law Judge	
XXXX-ELECT-RECON	Elected Reconsideration	
XXXX-ENDT	CDR End Date	
XXXX-EVNT-CD	Event Code	
XXXX-FLDR-LOC-CODE	Folder Location Code	
XXXX-FLDR-REQ	Folder Request	
XXXX-FLDR-STAT	Folder Status	
XXXX-ITER-NO	Iteration Number	
XXXX-LISTING-CD	Medical Listing Code	
XXXX-MAILER-SW	Mailer Switch	
XXXX-MED-DRY-RSN	Diary Reason	
XXXX-MRED-MNTH	Medical Reexamination Diary Month	
XXXX-NOE	Number of Entries	
XXXX-ORB1	Event Orbit 1	
XXXX-ORB2	Event Orbit 2	
XXXX-RBC	Regulations Basis Code	
XXXX-RECON	Reconsideration	
XXXX-RPT-MNTH	Report Month	
XXXX-RSN-CD	Reason Code	
XXXX-SDIG	Secondary Diagnostic Code	
XXXX-STDT	CDR Start Date	
XXXX-TITLE-IND	Title Indicator	
XXXX-VOCL-RULE	Vocational Rule	

Each data element is described in more detail on the following pages with the data element acronym and full field name listed at the top of the page. This chapter adds two descriptive items to the boxed list of data descriptors. The possible values and definitions for each are:

Descriptor	**Value**	**Definition**
Mandatory:	M	Mandatory - Data element is always required.
	C	Conditional – Data element required if certain conditions met.
	O	Optional – Data element not required so has no edit conditions.
Protected:	Y	Yes – Data cannot be overwritten by employee input.
	N	No – Data can be changed by employee input.

Because the DCF master file and extracts are new files they have not been used for data analysis yet and there is limited documentation for the master file, so there are many unknowns concerning the data elements. As experience is gained with the extracts, this section will be updated to reflect what is learned about those elements.

11.2.1. CDR-VERSION-NUM CDR Version Number

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	N/A
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

Each rewrite of the database has a new version number. This variable identifies the latest version of the DCF (formerly CDRCF).

POSSIBLE VALUES

05 – Fifth version is the first version of the DCF. Versions 01-04 applied to the former CDRCF.

USAGE NOTES

The value is system derived.

11.2.2. CLAIM-NOE Claim Number of Entries

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	N/A
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the number of occurrences of claims data. There can be 99 occurrences of claims data.

POSSIBLE VALUES

001- 099

USAGE NOTES

The value is system derived.

11.2.3. CLM-ADJ-DT Claim Adjudication Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	No
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the date the claim was adjudicated.

POSSIBLE VALUES

Blank or valid date

USAGE NOTES

11.2.4. CLM-CLMSSN Claim SSN

Type/length:	Numeric 9
Data Format:	Numeric
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	CLM-SSNID

DESCRIPTION AND PURPOSE

For Title II claims, this data element is the CAN (Claim account number). In the case of a widow or child receiving disability benefits on the primary SSN, this data element is the primary SSN.

For TXVI claims, this data element is the DSMA-HUN (Housed under number), i.e., the SSN on which the claim is filed.

POSSIBLE VALUES

Nine digit SSN.

USAGE NOTES

11.2.5. CLM-DENIAL-RSN Claim Denial Reason

Type/length:	Character 3
Data Format:	Numeric
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the reason a claim was denied.

POSSIBLE VALUES

Blank is the default value, other values are:

Technical Denial Codes

Disallowance, Abatement, or Withdrawal Reason	Denial Reason Code	Frequency (ORES Extracts)	
		Number	Percent
Services (Work) Not Covered:			
No trade or business	01	496	0.01
No employer-employee relationship	02	40	0.00
Minister or member of religious order and certificate of waiver not filed	03	2,175	0.05
Family employment	04	1,171	0.02
Government employment	05	57	0.00
Maritime employment - foreign employer	06	48	0.00
Nonprofit organization – income tax exempt employer – student	07	11	0.00
Wages, Earnings, Insured Status, Age Not Attained, Death Not Established:			
Wages excluded or not established	10	729	0.02
Domestic service	11	24	0.00
Agricultural labor	12	26	0.00
Non-business employment	13	14	0.00
Income excluded from net earnings from self-employment, self-employment income not established	20	17	0.00

Disallowance, Abatement, or Withdrawal Reason	Denial Reason Code	Frequency (ORES Extracts)	
		Number	Percent
Disallowance because of lack of insured status (not enough quarters worked) and more specific information not available as in 10,11,12,13, and 20	26	3,474	0.07
Wife or child filing – number holder not entitled	27	9,182	0.20
Claimant has not attained required age – date of birth established	28	268	0.01
Death of number holder not established	29	88	0.00
Relationship Not Established:			
Not the grandchild, step grandchild or great-grandchild of the number holder	25	44	0.00
Not the spouse/widower, under state law or deemed marriage provision	30	853	0.02
Does not meet the duration of marriage requirement	31	264	0.01
Child illegitimate - cannot inherit - no ceremonial marriage – not deemed child	32	311	0.01
Step relationship not within time limit	33	22	0.00
No step relationship	34	90	0.00
Not adopted child of number holder	35	59	0.00
Not married at least 10 years immediately before the date of divorce	36	367	0.01
Students, Dependency, Child In Care, Age Not Established:			
Child does not meet dependency support, or living with requirement	39	325	0.01
Child married or 18 years old or over not disabled and not a student	40	877	0.02
Failure to establish required age	44	295	0.01
Support Not Established (Husbands, Widowers, Parents, Divorced Wives Only):			
Not receiving 1/2 support from the number holder	58	12	0.00
Divorcee does not meet court order, substantial contributions or 1/2 support requirement	59	0	0.00
Proof of support not filed within time limit including any extension for “good cause”	61	394	0.01
Other Benefits, Miscellaneous:			
Entitled to receive other benefits equal to or greater than benefits payable on this number holder SSN	62	1,355	0.03
Failure to establish other requirements for entitlement	64	1,043	0.02
Other disallowance for monthly benefits action	65	399	0.01
Abatements:			
Improper applicant	67	0	0.00
Claimant died in or before first month of entitlement and is not entitled to HI or SMI	68	10	0.00

Disallowance, Abatement, or Withdrawal Reason	Denial Reason Code	Frequency (ORES Extracts)	
		Number	Percent
Disability (non-medical requirements)(one of DIB requirements not met):			
DIB insured status not met at or after Alleged Onset Date (when claimant said disability began)	90	1,315,736	28.00
Disabled Widow Beneficiary claimant AOD is after end of the prescribed period (DWB only applies between 50 and 60 years old)	93	5,670	0.12
No DIB insured status – Railroad Retirement (RR) compensation not creditable	94	194	0.00
No DIB insured status – Military Service not creditable – some military quarters are not counted as in the case of a court martial	95	9	0.00
Other DIB disallowance	98	7,789	0.17
Abatement – Disability:			
Death during the waiting period	96	37	0.00

Denial code list for T2 Disabled Workers (SGA/Medical/Vocational decision made)

Disallowance, Abatement, or Withdrawal Reason	Denial Reason Code	Frequency (ORES Extracts)	
		Number	Percent
Earnings requirement last met on/after date of current decisions:			
DIB denied: freeze established	0A1	828	0.02
Slight impairment – med consideration alone	0F1	544,786	11.59
Capacity for SGA – customary past work	0H1	658,078	14.01
Capacity for SGA – other work	0J1	646,132	13.75
Engaging in SGA despite impairment	0N1	86,678	1.85
Impairment no longer severe at time of adjudication & did not last 12 months	0E1	67,399	1.43
Impairment is severe at time of adjudication but not expected to last 12 months	0E3	238,232	5.07
Failure/refusal submit to consultative exam	0L1	77,289	1.64
Claimant does not want to continue dev of claim – wants decision based on evidence in file	0M3	17,397	0.37
Insufficient evidence furnished	0M5	74,029	1.58
Claimant does not want to continue dev of claim – does not indicate that decision be made on evidence in file	0M7	9,216	0.20
Claimant willfully fails to follow prescribed treatment	0K1	1,086	0.02
Claimant alleges disability within 5 months attainment of NRA & no earlier onset is poss.	0X1	460	0.01

Disallowance, Abatement, or Withdrawal Reason	Denial Reason Code	Frequency (ORES Extracts)	
		Number	Percent
DDS has established onset date w/in 5 months of attainment of NRA	0X2	164	0.00
Disability denial – no other denial code applies	0X3	8,613	0.18
DAA is material to the determination of disability	0Z1	2,460	0.05
Earnings requirement last met prior date of current decision:			
Slight impairment – med consideration alone	0F2	257,596	5.48
Capacity for SGA – customary past work	0H2	89,314	1.90
Capacity for SGA – other work	0J2	83,869	1.79
Engaging in SGA despite impairment	0N2	2,636	0.06
Impairment no longer severe at time of adjudication & did not last 12 months	0E2	5,582	0.12
Impairment is severe at time of adjudication but not expected to last 12 months	0E4	4,147	0.09
Failure/refusal submit to consultative exam	0L2	3,881	0.08
Claimant does not want to continue dev of claim – wants decision based on evidence in file	0M4	920	0.02
Insufficient evidence furnished	0M6	31,483	0.67
Claimant does not want to continue dev of claim – does not indicate that decision be made on evidence in file	0M8	347	0.01
Claimant willfully fails to follow prescribed treatment	0K2	228	0.00
DIB claim filed when claimant was previously denied on substantive basis after last point at which he met DIB insured status	0S1	64,778	1.38
DAA is material to the determination of disability	0Z2	411	0.01

Denial code list for Disabled Widow(er)s Benefits

If reason for denial is:	Prescribed period requirement met on/after date of current decision:	Prescribed period requirement not met on/after of current decision:	Frequency (ORES Extracts)	
			Number	Percent
Impairment/s do not meet or equal the listing	0F1	0F2	Included in above counts	
Engaging in SGA despite impairment	0N1	0N2	"	

If reason for denial is:	Prescribed period requirement met on/after date of current decision:	Prescribed period requirement not met on/after of current decision:	Frequency (ORES Extracts)	
			Number	Percent
Impairment no longer severe at time of adjudication & did not last 12 months	0E1	0E2	"	
Impairment is severe at time of adjudication but not expected to last 12 months	0E3	0E4	"	
Failure/refusal to submit to consultative exam	0L1	0L2	"	
Claimant does not want continue development of claim – wants decision based on evidence in file	0M3	0M4	"	
Insufficient evidence furnished	0M5	0M6	"	
Claimant does not want continue development of claim – does not indicate that decision to be made based on evidence in file	0M7	0M8	"	
Claimant willfully fails follow prescribed treatment	0K1	0K2	"	
Claimant has filed DWB claim and was previously denied on substantive basis after last point at which last met prescribed period req. Prior claim was failed 01/86 or later	—	0S1	"	
Disallowed widow denial – no other code applies	0X3	0X3	"	
DAA is material to the determination of disability	0Z1	0Z2	"	

Denial code list for Childhood Disability Benefits

If reason for denial is:	Code:	Frequency (ORES Extracts)	
		Number	Percent

If reason for denial is:	Code:	Frequency (ORES Extracts)	
		Number	Percent
Slight impairment – medical consideration alone or condition disabling but did not exist before age 22	0F1	Included in above counts	
Capacity for SGA – vocational consideration	0G1	"	
Engaging in SGA despite impairment	0N1	"	
Impairment no longer severe at time of adjudication and did not last 12 months	0E1	"	
Impairment is severe at time of adjudication but not expected to last 12 months	0E3	"	
Insufficient evidence furnished	0M5	"	
Failure or refusal to submit to consultative exam	0M3	"	
Claimant willfully fails to follow prescribed treatment	0K1	"	
Disabled child denial – no other codes applies	0X3	"	
DAA is material to the determination of disability	0Z1	"	

Denial code list for SSI Benefits

If reason for denial is:	Code:	Frequency (ORES Extracts)	
		Number	Percent
Claimant's chargeable income exceeds both the applicable Title XVI payment and his state's payment standard.	N01	117533	2.5
Claimant is inmate of a public institution. (See N22)	N02	6513	.14
Claimant resides outside U.S.	N03	1645	.04
Claimant's non-excludable resources exceed Title XVI limitations.	N04	43427	.92
Unable to determine if eligibility exists. (See N24, N25)	N05	335	.01
Claimant failed to file for other benefits.	N06	327	.01
Claimant voluntarily withdrew from program.	N12	4739	.10
Not a citizen or eligible alien. (See N23)	N13	21349	.45
Blind claim denied; applicant not blind; no visual impairment.	N15		
Disabled claim denied; applicant not disabled.	N16	5	.00
Failure by applicant to pursue claim.	N17	46999	1.00
Failure by applicant to cooperate on development of claim.	N18	20555	.44

If reason for denial is:	Code:	Frequency (ORES Extracts)	
		Number	Percent
Claimant is an inmate of a penal institution (effective 12/97). (N02 no longer used for prisoners.)	N22	705	.02
Claimant is not a resident of the United States (effective 12/97). (N13 will no longer be used for non-residents.)	N23	166	.00
Claimant has been convicted of a felony of fraudulently misrepresenting residence to receive benefits/services (SSI, Medicaid, AFDC, Food Stamps) simultaneously in two or more states (effective 12/97). N05 will no longer be used for this welfare reform provision.	N24	0	0.00
Claimant is fleeing to avoid prosecution for, or custody or confinement after convictions for, a crime that is a felony (or in New Jersey, a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under federal or state law (effective 12/97). N05 will no longer be used for this welfare reform provision.	N25	680	.01
Slight impairment, medical consideration alone; no visual impairment.	N30	2813	.06
Capacity for substantial gainful activity (SGA) – customary past work; no visual impairment	N31	4140	.09
Capacity for SGA – other work; no visual impairment.	N32	2788	.06
Engaging in SGA despite impairment; no visual impairment.	N33	1985	.04
(Before 3/9/91) – Impairment no longer severe at time of adjudication and did not last 12 months; no visual impairment. (Effective 3/9/91)—child under age 18, impairment(s) disabling for a period of less than 12 months	N34	428	.01
Impairment is severe at time of adjudication but not expected to last 12 months, no visual impairment	N35	718	.02
Insufficient or no medical data furnished	N36	845	.02
Failure or refusal to submit to consultative examination	N37	679	.01
Applicant does not want to continue development of claim	N38	101	.00
Applicant willfully fails to follow prescribed treatment. (Effective 06/96, this code is being	N39	30	.00

If reason for denial is:	Code:	Frequency (ORES Extracts)	
		Number	Percent
used for denials where drug addiction and/or alcoholism (DAA) is a material condition.)			
(Before 3/9/91) – Impairment does not meet or equal listing (disabled child under age 18 only); no visual impairment. (Effective 3/9/91) – Child under age 18, individual functional assessment (IFA) shows impairment not of comparable severity.	N40	534	.01
Slight impairment – medical condition alone; visual impairment.	N41	155	.00
Capacity for SGA – customary past work; visual impairment.	N42	126	.00
Capacity for SGA – other work; visual impairment	N43	434	.01
(Before 3/9/91)--Engaging in SGA despite impairment, visual impairment. (Effective 3/9/91)—child under age 18, impairment not severe	N44	114	.00
Impairment no longer severe at time of adjudication and did not last 12 months; visual impairment.	N45	6	.00
Impairment is severe at time of adjudication but not expected to last 12 months; visual impairment.	N46	15	.00
Insufficient or no medical evidence furnished; visual impairment. (obsolete)	N47	0	0.00
Failure or refusal to submit to consultative examination; visual impairment. (obsolete)	N48	0	.00
Applicant does not want to continue development of claim--visual impairment. (obsolete)	N49	0	.00
Applicant willfully fails to follow prescribed treatment; visual impairment. (obsolete)	N50	0	.00
(Before 3/9/91) – Impairment does not meet or equal listing (disabled child under age 18 only), visual impairment. (Effective 3/9/91) – child under 18, individual functional assessment (IFA) shows impairment not of comparable severity; visual impairment.	N51	32	.00
Deleted from state rolls before 12/73 payment.	N52	16366	.35
Deleted from state rolls after 12/73 payment.	N53	1013	.02
District office is unable to locate applicant. (obsolete – might see this in old cases).	N54	320	.01

USAGE NOTES

This data element is equivalent to the RDD on the MBR and to the DENCDE on the SSR. For SSI claims:

N01-N25 are technical denials (not disability).
N30-N51 are medical denials (disability related application).
N52-N53 are conversion cases.

11.2.6. CLM-DIB-ENT-MNTH Claim DIB Entitlement Month

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the month of entitlement to disability benefits and occurs once for each awarded claim.

POSSIBLE VALUES

A valid date.

USAGE NOTES

11.2.7. CLM-EFD-MNTH Claim Effective Date Month

Type/length:	Numeric 6
Data Format:	Date CCYYMM
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the effective month of filing and occurs once for each awarded claim.

POSSIBLE VALUES

A valid date.

USAGE NOTES

11.2.8. CLM-EXR-DENL-SW Claim Expedited Reinstatement Denial Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates whether or not the claim for expedited reinstatement of benefits was denied.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
blank	EXR Claim approved	21770579	100.00
Y	EXR claim denied	0	.00

USAGE NOTES

Not yet active.

11.2.9. CLM-EXR-MNTH Claim Expedited Reinstatement Month

Type/length:	Numeric 6
Data Format:	Date CCYYMM
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the effective date benefits were reinstated.

POSSIBLE VALUES

Valid date.

USAGE NOTES

11.2.10. CLM-ONSET-DT Claim Onset Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

Disability beneficiary's established onset date for claim. This data element reflects the date that one became disabled medically and has earned the required disability insurance credits (worked 20 of the last 40 quarters). Payments usually begin six months after this date.

POSSIBLE VALUES

Valid date.

USAGE NOTES

Quarters of coverage are tied to earnings but are only credited over time. If enough is earned in the first quarter of the year to earn four quarters there is no requirement to earn more that year. However, for insurance purposes, credits of quarters will not be allocated until the designated dates (1/1, 4/1, 7/1, 10/1). To be eligible for disability benefits, most workers must have worked 20 of the last 40 quarters. This may affect the onset date established.

11.2.11. CLM-PENDING-SW Claim Pending Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—99 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates that not all Claim Data for this claim has yet been posted to the DCF.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
blank	Data for this claim iteration is complete	21415043	100.00
Y	Yes, if this claim iteration is incomplete	7919	<.01

USAGE NOTES

The value is system derived.

11.2.12. CLM-SSNID Claim SSN Identification

Type/length:	Character 2
Data Format:	Character
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	CLM-CLMSSN

DESCRIPTION AND PURPOSE

The CLM-SSNID identifies the specific type of benefit applied for or received. For T2 claims = BIC value and for T16 claims = MFT value.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) (SELDATE 20040326)	
		Number	Percent
Title II:			
A/HA	Disabled primary worker	12991990	59.68
W + subscript	Disabled widow(er)	194245	.89
C + subscript	Disabled Child	962993	4.43
E + subscript	Surviving Mother	12398	.05
D + subscript	Aged 60 or older Widow(er)	215165	.98
Title XVI:			
DI	Disabled Individual	4324190	19.86
DS	Disabled Spouse	219703	1.01
DC	Disabled Child	2531074	11.63
BI	Blind Individual	82942	.38
BS	Blind Spouse	4734	.02
BC	Blind Child	22693	.10

USAGE NOTES

The CLM-TITLE and the CLM-SSNID variables can be used to identify types of claimants. For each claim filed, the CLM-TITLE variable will have a value of either ‘1’ = T2 or ‘3’ = T16 to indicate the appropriate disability program.

11.2.13. CLM-TERM-MNTH Claim Termination Month

Type/length:	Character 6
Data Format:	Date CCYYMM
Repeating:	Yes—99 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	CLM-TERM-RSN

DESCRIPTION AND PURPOSE

This data element represents the month and year this claim terminated.

POSSIBLE VALUES

Valid date

USAGE NOTES

For Title II terminations this date will be filled from the Date of Suspension or Termination (DOST) from the MBR. For SSI it will be filled from the Current Payment Status (DSMA-CURSTAT).

11.2.14. CLM-TERM-RSN Claim Termination Reason

Type/length:	Character 6
Data Format:	Character
Repeating:	Yes—99 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	CLM-TERM-MNTH

DESCRIPTION AND PURPOSE

This data element represents the termination reason for this claim.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Title II:			
DIBMED	Benefits are Terminated due to medical determination	91414	1.12
SGADIB	Benefits are terminated due to work activity in cases with no TWP	3884	.05
DIBRIB	Beneficiary has reached full retirement age and is converted to RIB benefits	2594274	31.85
DIBDTH	Beneficiary is deceased	1976640	24.27
EPESGA	Benefits are terminated due to work activity in cases where TWP provisions apply	100824	1.24
VR0301	Benefits are terminated for medical or work reasons after approved VR program is completed	187	.00
EXRMED		0	0.0
EXRSGA		97	0.0
DAATRM	no longer applicable	27426	.34
TERMHA	A disabled child is terminated because the primary on the account also has been terminated as a disability beneficiary.	3347	.04
FAILCO	Failure to Cooperate	14105	.17
WHRUNK	Whereabouts unknown	1810	.02
DACMAR	The benefits of a disabled child beneficiary are terminated due to marriage	13807	.17
T5NENT		0	0.0

UNKNWN	Unable to determine termination reason	483454	5.94
Title XVI:			
N01	Claimant has excess income OR Section 1619(b) eligible - no payment due.	837889	10.29
N02	Claimant is a resident of public institution.	94670	1.16
N03	Claimant is absent from the U.S.	24272	.30
N04	Claimant's non-excludable resources exceed title XVI limitations.	111899	1.37
N05	FO is unable to determine eligibility for some month(s) of a period of nonpayment OR failure to provide information for children overseas.	16101	.20
N06	Claimant failed to file for other benefits	3304	.04
N07	Cessation of recipient's disability.	383200	4.7
N08	Cessation of recipient's blindness.	815	.01
N09	Claimant refuses to accept vocational rehabilitation. Invalid for any month after 01/01/01.	232	.00
N10	Claimant failed to comply with treatment (DAA).	1928	.02
N11	Sanction Suspense month (DAA).	1058	.01
N12	Claimant voluntarily withdrew from SSI program.	562	.01
N13	Not a U.S. citizen or eligible alien.	702	.01
N14	Aged claim denied for age and blindness/disability not alleged. Also used for claimant under age 65 who does not allege blindness/disability.	0	.00
N15	Blind claim denied applicant not blind.	0	.00
N16	Disabled claim denied applicant not blind.	0	.00
N17	Failure to pursue.	153	.00
N18	Failure to cooperate.	140	.00
N19	Claimant has voluntarily terminated participation in SSI program.	55421	.28
N20	Claimant failed to furnish a required report or required evidence.	85301	1.05
N22	Claimant is an inmate of a penal institution.	38126	.47
N23	Claimant is not a resident of the U.S.	94	.00
N24	Claimant has provided false or misleading statements affecting benefit eligibility or amount and administrative sanction is imposed.	7	.00
N25	Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey, a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under Federal or State law.	4000	.05
N27	Termination due to SGA -1619(a) or 1619(b) no longer involved	1641	.02

N30	Slight impairment - medical consideration alone, no visual impairment.	37	.00
N31	Capacity for substantial gainful activity (SGA) - customary past work, no visual impairment.	59	.00
N32	Capacity for SGA - other work no visual impairment.	46	.00
N33	Engaging in SGA despite impairment, no visual impairment.	44	.00
N34	Child under age 18, impairment(s) disabling for a period of less than 12 months.	13	.00
N35	Impairment is severe at time of adjudication but not expected to last 12 months, no visual impairment.	12	.00
N36	Insufficient or no medical data furnished no visual impairment.	14	.00
N37	Failure or refusal to submit to consultative examination, no visual impairment.	15	.00
N38	Applicant does not want to continue development of claim, no visual impairment.	2	.00
N39	Applicant willfully fails to follow prescribed treatment, no visual impairment.	1	.00
N40	Child under age 18; Individual Functional Assessment (IFA) shows impairment(s) not of comparable severity.	16	.00
N41	Slight impairment - medical conditions alone, visual impairment.	1	.00
N42	Capacity for SGA - customary past work, visual impairment.	1	.00
N43	Capacity for SGA - other work visual impairment.	17	.00
N44	Child under age 18, impairment not severe.	5	.00
N45	Impairment no longer severe at time of adjudication and did not last 12 months, visual impairment.	0	.00
N46	Impairment is severe at time of adjudication but not expected to last 12 months, visual impairment.	0	.00
N47	Insufficient or no medical evidence furnished, visual impairment or blindness.	0	.00
N48	Failure or refusal to submit to consultative examination, visual impairment or blindness.	1	.00
N49	Applicant does not want to continue development of claim, visual impairment or blindness.	0	.00
N50	Applicant willfully fails to follow prescribed treatment, visual impairment or blindness.	0	.00
N51	Child under age 18; IFA shows impairment(s) not of comparable severity, visual impairment.	1	.00
N52	Deleted from State rolls before 12/73 payment.	909	.01
N53	Deleted from State rolls after 12/73 payment.	150	.00

N54	Denied - whereabouts unknown.	1	.00
P01	Potentially Eligible - SGA involved.	4	.00
T01	Death of claimant.	844713	10.37
T20	Received duplicate payment based on two different numbers.	807	.01
T22	Received duplicate payment based on more than one SSR established with the same number or different numbers.	774	.01
T30	Manual termination (payment previously made). Effective 7/24/99, can be input only to records with a force flag.	8959	.11
T31	Systems termination (payment previously made	0	.00
T32	Systems termination of a paid record that is becoming too large for the system to handle.	0	.00
T33	Systems termination or manual termination via MSSICS screens (payment previously made).	0	.00
T50	Manual termination (no payment made).	27245	.33
T51	Systems termination (no payment made).	207084	2.54

USAGE NOTES

Title II values are derived from the Reason for Suspension or Termination (RFST) variable on the MBR. Title XVI values are derived from the Payment Status for the following month (PSTAT) variable on the SSR.

11.2.15. CLM-TITLE Claim Title

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Disability Claim Data
Related Data Elements:	CLM-SSNID

DESCRIPTION AND PURPOSE

This data element identifies whether the claim is for Title 2 or Title XVI benefits.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel date 3/26/04	
		Number	Percent
1	Title II claim	14486036	66.54
3	Title XVI claim	7284543	33.46

USAGE NOTES

The CLM-TITLE and the CLM-SSNID variables can be used to identify types of claimants.

11.2.16. CLM-TWP-CMPL-MNTH Claim TWP Completion Month

Type/length:	Character 6
Data Format:	Date CCYYMM
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	N
DCF Extract Location:	Disability Claim Data
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the month and year the trial work period was completed as derived from the DCF inputs.

POSSIBLE VALUES

Default value is blank, otherwise a valid date.

USAGE NOTES

The value is system derived.

11.2.17. DCF-ORES-GRP DCF Group (ORES derived)

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	No
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the DCF data group that is housed in a particular extract. This data element was derived by the Office of Research, Evaluation, and Statistics (ORES) to assist users when merging extracts together for analysis.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
01	Fixed Header and Person data	21422962	100.00
02	Disability Claim data	21422962	100.00
03	Earnings Data	9329260	100.00
04	Ticket to Work	9329260	100.00
05	T2 Medical CDR	13489577	100.00
06	T16 Medical CDR	14476720	100.00
07	T16 Child CDR	1167585	100.00
08	T2 Work CDR	706062	100.00
09	Expedited Reinstatement (EXR)	3151	100.00
10	Development Worksheet	290902	100.00

USAGE NOTES

11.2.18. DER-CLM-ITR-NO Derived claim iteration number

Type/length:	Character 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
00	CDR	2772891	29.72
01-99	Part of a claim occurrence	6556369	70.28

USAGE NOTES

11.2.19. DWS-CLSD-DT Development Worksheet Closed Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the date that this issue closed.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Valid date	Date the issue closed	181080	96.54
Invalid date	Date the issue closed	6489	3.46
Blank	Issue closed without date	0	0.00

USAGE NOTES

11.2.20. DWS-FUP1-DT Development Worksheet Issue Follow up 1 Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-RQST-DT

DESCRIPTION AND PURPOSE

This data element represents the date of the 1st follow up on the issue.

POSSIBLE VALUES

Valid date

USAGE NOTES

11.2.21. DWS-FUP2-DT Development Worksheet Issue Follow up 2 Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-FUP1-DT

DESCRIPTION AND PURPOSE

This data element represents the date of the 2nd follow up on the issue.

POSSIBLE VALUES

Valid date

USAGE NOTES

11.2.22. DWS-ISSUE Development Worksheet Issue

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-FUP2-DT

DESCRIPTION AND PURPOSE

This data element represents the date of the 3rd follow up on the issue.

POSSIBLE VALUES

Valid date

USAGE NOTES

11.2.23. DWS-LOC Development Worksheet Location

Type/length:	Character 3
Data Format:	Numeric
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-ISSUE

DESCRIPTION AND PURPOSE

This data element represents the location of the folder for this development worksheet issue.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
A01-999	District Office Code	290902	100.00

USAGE NOTES

The value is system derived.

11.2.24. DWS-NOE Development Worksheet Number of Entries

Type/length:	Character 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the number of Development Worksheet entries on for this person.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
000-100	Number of entries of Dev. Worksheet data	290902	100.00

USAGE NOTES

The value is system derived.

11.2.25. DWS-RQST-DT Development Worksheet Issue Request Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-ISSUE

DESCRIPTION AND PURPOSE

This data element represents the date of the initial request to develop the issue.

POSSIBLE VALUES

Valid date

USAGE NOTES

11.2.26. DWS-TKL-DT Development Worksheet Issue Tickle Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—100 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-ISSUE

DESCRIPTION AND PURPOSE

This data element represents the due date for development of the issue.

POSSIBLE VALUES

Valid date

USAGE NOTES

11.2.27. DWS-TYPE Development Worksheet Type

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—100 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Develop. Worksheet
Related Data Elements:	DWS-ISSUE

DESCRIPTION AND PURPOSE

This data element represents the type of DCF record that corresponds to the issue.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
1	T 16 Medical CDR—adult	49950	17.17
2	Expedited Reinstatement	1192	0.41
3	PL104 (obsolete data-no ORES extract)	27	.01
4	T 16 Child CDR	38889	13.37
5	T2 or Concurrent CDR	70471	24.23
6	T2 Work CDR	33386	11.48
T	Ticket	558	.019
E	Earnings	96427	33.15
Blank	Data Missing	2	.01

USAGE NOTES

The value is system derived.

11.2.28. ERNGS-ALLGD-AMT Earnings Alleged Amount

Type/length:	Numeric 5 + 2 decimal
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	No
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	ERNGS-MNTH

DESCRIPTION AND PURPOSE

This data element represents the amount of earnings alleged earnings for a particular month.

POSSIBLE VALUES

Valid money amount

USAGE NOTES

Alleged earnings reports are received from several sources such as the beneficiary or the Ticket to Work Program Manager. Alleged earnings are then verified by SSA employees.

11.2.29. ERNGS-LAST-UPD-DATE Earnings Last Update Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	Yes
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the date of the last earnings update by a SSA employee.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived.

11.2.30. ERNGS-MNTH Earnings Month

Type/length:	Character 6
Data Format:	Date CCYYMM
Repeating:	Yes--180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	UNK
Protected:	UNK
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents months that the beneficiary had earnings from work.

POSSIBLE VALUES

Valid date

USAGE NOTES

11.2.31. ERNGS-MONTHS-NOE Earnings Months Number of Entries

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element represents the number of occurrences of earnings data available for each beneficiary.

POSSIBLE VALUES

0000 +

USAGE NOTES

Effective with January 2004, the number of occurrences is unlimited. Prior to that date the maximum number was 180 occurrences. Data can be overwritten.

11.2.32. FIXED-CONV-IND Fixed Conversion Indicator

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	UNK
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates the original source of data to establish the Continuing Disability Review Control File (CDRCF)—the predecessor of the DCF. It was not used in the CDRCF to DCF conversion.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
C	Records added during the original (August 1999) T2 CDR Conversion. "C" was changed to "P" for records updated during an Autumn 1999 cleanup using PCACS files as input. "CP was changed to "N" for records updated during an Autumn 1999 cleanup using NDDSS files as input.	440908	2.03
N	NDDS	52870	.24
P	PCACS. "P" was changed to "2" for records updated during an 'autumn 1999 cleanup of the PCACS cleanup.	97061	.45
M	Records added during the November 2002 ACID elimination/DCF release	974	.00
2	Records updated during an Autumn 1999 cleanup using NDDSS files as input.	33613	.15
Blank	Data Missing	21073824	97.12

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.33. FIXED-COSSN Fixed Claimant's Own SSN

Type/length:	Numeric 9
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-NOSSNID

DESCRIPTION AND PURPOSE

The DCF has one record for each person with the Claimants Own Social Security Number (COSSN) plus a 2 digit No SSN Identification (NOSSNID) as the unique identifier. The COSSN is equivalent to the BOAN for TII records and equivalent to the PAN for TXVI records. If the BOAN or PAN is known the NOSSNID value is "00". For TII records with a missing BOAN, the Social Security Claim Account Number (CAN) is used for the COSSN along with the NOSSNID assigned in order of record receipt beginning with "01". When the BOAN is identified, the COSSN is replaced with the correct BOAN and the NOSSNID is changed to "00".

POSSIBLE VALUES

A social security number.

USAGE NOTES

The process of correcting the COSSN when an incorrect or missing BOAN is replaced with the correct BOAN is known as "swinging" the record. ???was not working correctly—not sure if fixed—don't see on list. ???However, as of January 2004 this process is not working properly and is identified on the

11.2.34. FIXED-DEATH-CD Fixed Death Code

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates whether notification of death was received from the MBR or SSR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
1	Notification received from the MBR	3011210	52.78
2	Notification received from Both MBR and SSR	1054051	18.48
3	Notification received from the SSR	1486050	26.05
4	If date of death is present on both the MBR and SSR and the dates are not equal and the MBR has the latest Date of Death.	98768	1.73
5	If date of death is present on both the MBR and SSR and the dates are not equal and the SSR has the latest Date of Death.	54764	.96

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.35. FIXED-DELN-CD Fixed Deletion Code

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-DELN-DT

DESCRIPTION AND PURPOSE

This data element indicates the portion of the record that is flagged for deletion.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
D	Record Deleted	12	< .01
Blank	Active Record	21699238	100.00

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.36. FIXED-DELN-DT Fixed Deletion Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-DELN-CD

DESCRIPTION AND PURPOSE

This data element represents the date the deletion code was entered.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.37. FIXED-DEMO-IND Fixed Demonstration Indicator

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates if the beneficiary is participating in a demonstration project.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Y	Yes, involved in a demonstration project	1	< .01
blank	Not involved in a demonstration project	21699249	100.00

USAGE NOTES

Data can be overwritten.

11.2.38. FIXED-DUAL-ENT-SW Fixed Dual Entitlement Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates that a Ticket eligible beneficiary is entitled to T2 benefits on more than one account number (CAN).

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Y	Yes, the beneficiary is dually entitled	0	0.00
blank	The beneficiary is not dually entitled	21699250	100.00

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.39. FIXED-DWS-TKL-DT Fixed Development Worksheet Tickle Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates the date the next Development Worksheet diary is scheduled to mature.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.40. FIXED-ERNGS-SW Fixed Earnings Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates if there are any earnings recorded on this person's record.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Y	Yes, earnings are present on this record	2003183	9.23
blank	No earnings present on this record	19696067	90.77

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.41. FIXED-LAST-BTCH-DT Fixed Last Batch Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates the date of the last batch run which changed the DCF record.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.42. FIXED-LAST-CHG-BY Fixed Last Changed by

Type/length:	Character 6
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-LAST-CHG-DT

DESCRIPTION AND PURPOSE

This data element indicates the personal identification number (PIN) of the employee who made the last update to the record.

POSSIBLE VALUES

Six numeric characters

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.43. FIXED-LAST-CHG-DT Fixed Last Changed Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-LAST-CHG-BY

DESCRIPTION AND PURPOSE

This data element represents the date of the last update to the DCF record.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.44. FIXED-LOCK Fixed Lock

Type/length:	Character 12
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element is set by the online processing system to prevent update access to the record by more than one employee at a time.

POSSIBLE VALUES

Twelve alphanumeric characters.

USAGE NOTES

The value is system derived.

11.2.45. FIXED-MULTI-T2-SW Fixed Multi T2 SW

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates if the beneficiary is entitled to multiple types of T2 benefits.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Y	Yes, more than one T2 entitlement	300756	1.39
blank	Single T2 entitlement only	21398494	98.61

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.46. FIXED-NOSSNID Fixed No SSN Identification

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-COSSN

DESCRIPTION AND PURPOSE

The DCF has one record for each person with the Claimants Own Social Security Number (COSSN) plus a 2 digit No SSN Identification (NOSSNID) as the unique identifier. The COSSN is equivalent to the BOAN for TII records and equivalent to the PAN for TXVI records. If the BOAN or PAN is known the NOSSNID value is "00". For TII records with a missing BOAN, the Social Security Claim Account Number (CAN) is used for the COSSN along with the NOSSNID assigned in order of record receipt beginning with "01". When the BOAN is identified, the COSSN is replaced with the correct BOAN and the NOSSNID is changed to "00".

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
00	Valid BOAN or PAN used as COSSN	21655579	99.80
01 - 99	COSSN is the CAN of primary. Used when disabled dependent's BOAN is missing or incorrect. For each CAN, assigned in order of record receipt beginning with '01'.	43671	.20

USAGE NOTES

See FIXED-COSSN.

11.2.47. FIXED-OL-CHG-IND Fixed Online Change Indicator

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates that the last change to the DCF was done online.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Y	Yes, there was an online change	101118	.47
blank	No online change	21598132	99.53

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.48. FIXED-SYS-ACTN-DT Fixed System Action Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates the date that the next System Action Item is scheduled to mature.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.49. FIXED-TITLE Fixed Title

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates the Title of the SSA program under which the beneficiary is currently eligible.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
1	Title 2—social security	5134021	23.66
2	Both Title 2 and Title 16	2035123	9.38
3	Title 16—supplemental security income	5972730	27.53
Blank	No data shown	8557376	39.43

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.50. FIXED-TKT-ALERT Fixed Ticket Alert

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This data element indicates an alert when an Outcome of Milestone/Outcome payment has been made to an Employment Network for a month, but is later determined that either the T2 or T16 claim payment status would have precluded the EN payment.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
W	Warning, possible EN overpayment	0	0.00
blank	No EN overpayment detected	21699250	100.00

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.51. FIXED-TKT-PMT-CTR Fixed Ticket Payment Counter

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable provides the number of outcome months that have been paid on the Ticket.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
01-60	Number of outcome payments made	21699107	100.00
Blank	No data shown	143	< .01

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.52. FIXED-TKT-SLTD-DT Fixed Ticket Selected Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-TKT-STUS

DESCRIPTION AND PURPOSE

This variable indicates the date the beneficiary was selected as eligible for a ticket.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived.

11.2.53. FIXED-TKT-STUS Fixed Ticket Status

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-TKT-STUS-DT

DESCRIPTION AND PURPOSE

This variable indicates the current ticket status on the record.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Blank	Not ticket eligible	12140744	55.95
E	Eligible	2104154	9.70
M	Mailed	6977452	32.16
I	In use	41068	.19
N	Not in use	1362	.01
T	Terminated	434470	2.00

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.54. FIXED-TKT-STUS-DT Fixed Ticket Status Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	FIXED-TKT-STUS

DESCRIPTION AND PURPOSE

This variable indicates the date associated with the current ticket status.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.55. FIXED-TKT-TITLE Fixed Ticket Title

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the program title, for ticket purposes, applicable to the beneficiary.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
1	T2 only	5533631	25.50
2	T2 and T16	1172430	5.40
3	T16 only	2852445	13.15
Blank	Not Ticket Entitled	12140744	55.95

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.56. PRSN-BLND-DT Person Blind Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the onset date for a blind beneficiary.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.57. PRSN-BTC Person Beneficiary Telephone Code

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-BTN-ALT

DESCRIPTION AND PURPOSE

This variable indicates the beneficiary's telephone number code and is used in conjunction with the telephone number. Which code applies depends on the CDR type.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
A or 6	Attorney	Not Available	
H or 1	Home	"	
N or 3	None	"	
O or 5	Other	"	
U or 4	Unknown	"	
W or 2	Work	"	

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.58. PRSN-BTN-ALT Person Beneficiary Telephone Number Alternate

Type/length:	Numeric 13
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-BTC

DESCRIPTION AND PURPOSE

This variable indicates the beneficiary's telephone number and is used in conjunction with the telephone number code.

POSSIBLE VALUES

Valid telephone number

USAGE NOTES

Data can be overwritten.

11.2.59. PRSN-DOB Person Date of Birth

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the person's date of birth.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.60. PRSN-DOD Person Date of Death

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the person's date of death.

POSSIBLE VALUES

Valid date.

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.61. PRSN-FLDR-RECON-IND Person Folder Reconstruction Indicator

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates that the person's claims file must be reconstructed.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
Y	Yes, the folder needs to be reconstructed	58347	.27
F	No folder found	1	.00
D	Suspension of folder reconstruction Development	0	.00
L	True lost folder	1	
Q	Folder Not in location shown on PCACS – physical location in question	455	.00
Blank	No folder reconstruction	17440707	80.37

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.62. PRSN-FNM Person First Name

Type/length:	Character 15
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-LNM

DESCRIPTION AND PURPOSE

This variable indicates the person's first name.

POSSIBLE VALUES

Up to fifteen characters.

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.63. PRSN-INTGT-CD Person Integrity Code

Type/length:	Character 2
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-INTGT-DT

DESCRIPTION AND PURPOSE

This variable indicates the integrity code provided by the Office of Disability Determinations that reflects the decision on conducting a full CDR after a mailer was sent.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
01	Deferral/Not Integrity	1397162	6.44
05	Deferral/Integrity/Changed to full CDR	40661	.19
06	Program Center Review/Not Integrity	540231	2.49
07	Program Center Review/Integrity	14855	.07
08	Program Center Review/Integrity/PC defer/changed to a full CDR	77805	.36
11	Integrity Review Not an Issue	94920	.44
Blank	No data shown	19533616	90.02

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.64. PRSN-INTGT-DT Person Integrity Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

Each rewrite of the database has a new version number. This variable identifies the latest version of the DCF (formerly CDRCF).

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.65. PRSN-LNM Person Last Name

Type/length:	Character 20
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-FNM

DESCRIPTION AND PURPOSE

This variable indicates the person's last name.

POSSIBLE VALUES

Up to 20 characters

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.66. PRSN-MNM Person Middle Name

Type/length:	Character 15
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-LNM

DESCRIPTION AND PURPOSE

This variable indicates the person's middle name.

POSSIBLE VALUES

Up to 15 characters

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.67. PRSN-NDDSS-DT Person National DDS system date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date the preliminary record was generated for the National Disability Determination Services System (NDDSS).

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.68. PRSN-OD-DIARY-MNTH Person OD Diary Month

Type/length:	Numeric 6
Data Format:	Date CCYYMM
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-OD-MDR

DESCRIPTION AND PURPOSE

This variable indicates the month and year of the beneficiary's medical reexamination.

POSSIBLE VALUES

Valid date

USAGE NOTES

The value is system derived. Data can be overwritten.

11.2.69. PRSN-OD-DIG Person OD DIG

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-OD-SDIG, XXXX-DIG

DESCRIPTION AND PURPOSE

This variable indicates the person's primary impairment code used in the medical determination of an individual's eligibility for disability benefits. DIG contains a four-digit impairment code devised by SSA (SSA impairment codes) or an ICD-9 code without a decimal point (e.g., 3195 rather than 319.5).

POSSIBLE VALUES

The following table groups the codes into diagnostic groups (effective 12/2002). These groupings are used in the statistical tables in the Annual Statistical Report on the Social Security Disability Insurance Program and the Annual Statistical Supplement to the Social Security Bulletin. Generally, only the leftmost three digits are used for coding purposes.

Impairment Codes	**Diagnosis group**
002-139	Infectious and parasitic diseases
140-239	Neoplasms
240-247, 249-279	Endocrine, nutritional, metabolic
280-289	Diseases of the blood
290-316, 319.5	Mental disorders (other than mental retardation)
317-319 (except 319.5)	Mental retardation
320-389	Nervous system and sense organs
390-459	Circulatory system
460-519	Respiratory system
520-579	Digestive system
580-629	Genitourinary system
680-709	Skin and subcutaneous tissue
710-739	Musculoskeletal system

Impairment Codes	Diagnosis group
740-759	Congenital anomalies
800-932, 934-998	Injuries
760-780, 783-784, 9330	Other
Blank, or any other code not listed above	Unknown

Note: Code 249 used to be grouped under "mental disorders."

This information is slowly being populated into the query. For selection date December 2003 for frequency number 21422962 the percentage of 0 is 100.

USAGE NOTES

ICD-9 codes were used exclusively before 1985. Since that time, the DDS have been using the new SSA Impairment coding scheme. ICD-9 codes delineate specific diagnoses with four digits; the SSA codes are usually less specific three-digit codes. The DDS should use SSA Impairment Codes, but continues to use both coding systems.

The fourth digit is a subcategory of the first three digits category.

Code 3195, borderline intellectual functioning, and code 3152, learning disorder, occur frequently for disabled children.

Unlike the MBR or SSR, the DCF variables XXXX-DIG contain historical diagnosis codes. This data element is not cleared if disability is reversed or cancelled.

11.2.70. PRSN-OD-DPM Person OD DPM

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the person's impairment is classified by SSA as being permanent.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
P	Permanent	508	.00
N	Not Permanent	362	.00
Blank	Unknown	21698380	100.00

USAGE NOTES

11.2.71. PRSN-OD-MDR Person OD MDR

Type/length:	Character 1
Data Format:	Character
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the reason for the medical diary.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts) Sel Date Mar 2004	
		Number	Percent
A	Aplastic Anemia - Treated By Bone Marrow Transplant OR Medical Improvement Expected if T16 Child.	2	.00
B	All Back Conditions Amenable To Treatment, Where Permanently Incapacitating Residuals Are Not Established OR Improvement Unpredictable if T16 Child.	0	.00
C	Chronic Liver Disease With Esophageal Varices Resulting In Massive Hemorrhage Or Requiring Shunt Operation OR Major Congenital Organ Dysfunction if T16 Child.	1	.00
D	Fracture(s) Of Any Bone(s) Without Severe Residual Functional Loss Of Structural Deformity Which Is By Itself Disabling OR Low Birth Weight if T16 Child	0	.00
E	Kidney Transplant	0	.00
F	Leukemia Without Bone Marrow Transplant	0	.00
G	Leukemia With Bone Marrow Transplant	0	.00
H	Other Surgeries Where It Is Probable Sufficient Improvement Will Occur So As To Not Preclude Work	0	.00
I	Endocrine Disorders All Cases Under Listing 109ff, Except Those Meeting Listing 109.05a Or 109.08d	0	.00

J	Growth Impairments	0	.00
K	Lymphoreticular Malignant Neoplasms	0	.00
L	Malignant Solid Tumors	0	.00
M	Organic Brain Syndrome Where Severe, Irreversible Brain Damage Is Not Confirmed	0	.00
N	Impairment Is Shown In DI 26525.000ff As An Optional MIE Diary Example	0	.00
O	Medical Onset Is Within 3 Months Of Adjudication And Outcome Is Unpredictable	0	.00
P	Initial Medical Onset Is Within 12 Months Of Adjudication, Permanence Not Confirmed, And Is Responding To Treatment	0	.00
Q	Disabling Impairment Is Demonstrating Significant, Sustained, And Progressive Improvement	0	.00
R	Disabling Impairment Is Likely To Remit For Sustained Periods	0	.00
S	A Recent Or Planned Intervention Should Result In Sufficient Medical Improvement	1	.00
T	More Then One Optional Criteria (N Thru S) Applies	0	.00
U	Vocational Therapy Is Expected To End	0	.00
V	TWP Established (MIP Or MINE Diary Also Appropriate)	0	.00
W	TWP Established (MIE Diary Also Appropriate)	0	.00
X	TWP Set, Medical Improvement Not Expected	0	.00
Y	ALJ Optional Medical Reexam Diary; Drug Addiction And Alcoholism; Or Aplastic Anemia Treated By Bone Marrow Transplant	1	.00
Z	DDS Physicians's Optional Medical Diary	1	.00
3	3-Year Diary, Disability Impairment Considered Non-Permanent (Periodic Review)	318	.00
5	5-Year Diary, Disability Impairment Considered Permanent (Periodic Review)	2	.00
7	7-Year Diary, Disability Impairment Considered Permanent (Periodic Review)	390	.00
9	Permanent Disability Indicator Present Pre-1981 (No Longer Used)	0	.00
Blank	No Data Shown	21698534	100.00

USAGE NOTES

11.2.72. PRSN-OD-SDIG Person OD SDIG

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-OD-DIG, XXXX-DIG

DESCRIPTION AND PURPOSE

This variable indicates the person's secondary impairment code. See PRSN-OD-DIG.

POSSIBLE VALUES

Same values as PRSN-OD-DIG.

USAGE NOTES

This variable is not well filled.

11.2.73. PRSN-SFX Person Suffix

Type/length:	Character 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M?
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	PRSN-LNM

DESCRIPTION AND PURPOSE

This variable indicates the suffix after the beneficiary's last name.

POSSIBLE VALUES

Any character

USAGE NOTES

11.2.74. SEL-DATE Date of File Selection

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	No
Cleared:	No
Reset:	No
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Fixed Header/Person
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date that records were copied from the DCF master file to create the extract file.

POSSIBLE VALUES

A valid date

USAGE NOTES

The value is ORES derived.

11.2.75. T16-ERNGS-GRS-AMT T16 Earnings Gross Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	T16-ERNGS-VRFD-SW

DESCRIPTION AND PURPOSE

This variable indicates the gross amount of earnings received by the SSI beneficiary in a given month.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

The value is input to the SSR by SSA employees and is then propagated to the DCF.

11.2.76. T16-ERNGS-PASS-AMT T16 Earnings PASS Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of earnings excluded for a Plan for Achieving Self Support.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

The value is input to the SSR by SSA employees and is then propagated to the DCF.

11.2.77. T16-ERNGS-SE VRFD-SW T16 Earnings Self Employment Verified Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether T16 earnings were verified by SSA.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Not verified	1947704	100.00
Y	Verified	0	0.00

USAGE NOTES

11.2.78. T16-ERNGS-SE-NET-AMT T16 Self Employment Earnings Net Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the net amount of self employment earnings countable for T16 purposes.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

The value is input to the SSR by SSA employees and is then propagated to the DCF.

11.2.79. T16-ERNGS-STUD-EXCL-AMT T16 Earnings Student Exclusion Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of earnings excluded under the student exclusion provision.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

The value is propagated from the SSR.

11.2.80. T16-ERNGS-VRFD-SW T16 Earnings Verified Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Earnings
Related Data Elements:	T16-ERNGS-GRS-AMT

DESCRIPTION AND PURPOSE

This variable indicates whether or not the T16 earnings have been verified by SSA.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Not verified	1947704	100.00
Y	Verified	.00	.00

USAGE NOTES

11.2.81. T16-ERNGS-WRK-EXP-AMT T16 Earnings Work Expenses Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of impairment related work expenses that could be excluded from T16 earnings.

POSSIBLE VALUES

Blank or a valid money amount

USAGE NOTES

The value is propagated from the SSR.

11.2.82. T2-ERNGS-GRS-AMT T2 Earnings Gross Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates a beneficiary's gross amount of earnings for T2 purposes.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

The value can be entered by the program manager or by SSA.

11.2.83. T2-ERNGS-SBDY-AMT T2 Earnings Subsidy Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of earnings that SSA has determined is being subsidized by the employer.

POSSIBLE VALUES

Blank or a valid money amount

USAGE NOTES

The value is input by SSA.

11.2.84. T2-ERNGS-SE VRFD-SWT2 Earnings Self Employment Verified Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Earnings
Related Data Elements:	T2-ERNGS-SE-NET-AMT

DESCRIPTION AND PURPOSE

This variable indicates whether the T2 self employment earnings have been verified by SSA.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Not verified	1945378	99.88
Y	Verified	2326	.12

USAGE NOTES

The value is input by SSA.

11.2.85. T2-ERNGS-SE-HRS T2 Self Employment Hours

Type/length:	Numeric 3
Data Format:	Numeric
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	T2-ERNGS-SE-NET-AMT

DESCRIPTION AND PURPOSE

This variable indicates the number of hours the beneficiary worked in self-employment. Hours worked are used in the determining whether the worked performed is considered substantial.

POSSIBLE VALUES

Blank or numeric value

USAGE NOTES

11.2.86. T2-ERNGS-SE-NET-AMT T2 Self Employment Earnings Net Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	T2-ERNGS-SE-HRS

DESCRIPTION AND PURPOSE

This variable indicates the net amount of self-employment earnings used for T2 benefit purposes.

POSSIBLE VALUES

Blank or valid amount of money

USAGE NOTES

11.2.87. T2-ERNGS-SE-UBE-AMT T2 Self Employment Earnings Unpaid Business Expense Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	T2-ERNGS-SE-NET-AMT

DESCRIPTION AND PURPOSE

This variable indicates the amount of unincurred business expenses the beneficiary had in relation to his or her self-employment earnings.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

11.2.88. T2-ERNGS-SPCL-CDN-AMT T2 Earnings Special Condition Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of earnings that are to be excluded from gross earnings because the earnings are attributable to special employment considerations the beneficiary receives such as job coaching and other services. For example, special conditions and certain special on-the-job assistance provided by an employer and/or organization(s) other than an individual's employer must be considered whether or not the individual's employer pays for the assistance directly. In determining SGA, only those earnings that are based on an individual's own productivity are counted and any income that is not directly related to his/her own productivity is excluded.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

11.2.89. T2-ERNGS-TWP-Data T2 Earnings Trial Work Period Data

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Earnings
Related Data Elements:	T2-ERNGS-VRFD-DATA

DESCRIPTION AND PURPOSE

This variable indicates whether the earnings are considered as a trial work month, and whether or not the earnings are considered to be substantial for T2 benefit purposes.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
1 – 9	Trial work month	949699	48.76
N	Not a trial work month and not SGA	8360	.43
S	Not a trial work month but is SGA	576	.03
U	Not a TWP month but SGA determined to be an unsuccessful work attempt	356	.02
O	Other	29307	1.50
E	Extended Period of Disability	281081	14.43
Blank	No Data Present	678325	34.83

USAGE NOTES

11.2.90. T2-ERNGS-VRFD-SW T2 Earnings Verified Switch

Type/length:	Character 2
Data Format:	Character
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the T2 earnings have been verified by SSA.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	102986	5.29
N	No	28061	1.44
C	Converted from the MBR	636238	32.66
Q	Converted but questionable	440602	22.63
Blank	Data missing	739817	37.98

USAGE NOTES

11.2.91. T2-ERNGS-WRK-EXP-AMT T2 Earnings Work Expenses Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—180 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	Earnings
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of impairment related work expenses that can be excluded from gross earnings when determining whether work is substantial.

POSSIBLE VALUES

Blank or a valid amount of money

USAGE NOTES

11.2.92. TKT-ASSGND-DT Ticket Assigned Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date a beneficiary assigned his or her Ticket to Work to an Employment Network to receive services.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.93. TKT-CLAIM-ITER-NO Ticket Claim Iteration Number

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the T2 disability claim that is associated with a particular Ticket. Only used for T2 beneficiaries where multiple claims are possible. This variable should be blank for T16 beneficiaries where only the latest claim entry can be associated with the Ticket.

POSSIBLE VALUES

Blank or a numeric value from 01 to 99

USAGE NOTES

The value is system derived.

11.2.94. TKT-CLOCK-STOP-SW Ticket Clock Stop Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	Yes
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the Ticket is in use but is temporarily not assigned to an Employment Network provider.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Not applicable	9329260	100.00
Y	Yes, ticket in use but not assigned to EN	0	.00

USAGE NOTES

11.2.95. TKT-CNTRCT-DT Ticket Contract

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date the beneficiary signed a contract with an Employment Network for services.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.96. TKT-DIB-TRUST-FUND-SW Ticket Disability Trust Fund Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the Disability Trust Fund is responsible for payments to the Employment Network.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	DI trust fund pays EN	5688911	60.98
Blank	RSI trust fund pays EN if T2 case or general revenues if T16 case.	3640349	39.02

USAGE NOTES

The value is system derived.

11.2.97. TKT-EIN Ticket Employer Identification Number

Type/length:	Numeric 9
Data Format:	Numeric
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	TKT-ASSGND-DT

DESCRIPTION AND PURPOSE

This variable indicates the Employer Identification Number (EIN) of the Employment Network that is assigned to a beneficiary's Ticket. The EIN is present only when the Ticket has an assigned date. The EIN can change when the Ticket is reassigned.

POSSIBLE VALUES

Blank or nine-digit number

USAGE NOTES

11.2.98. TKT-INUSE-SW Ticket In use Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	N
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the beneficiary's Ticket is in use.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes, Ticket is in use	51	.00
Blank	No, Ticket is not being used	9329209	100.00

USAGE NOTES

The value is system derived.

11.2.99. TKT-MAILED-DT Ticket Mailed Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date a Ticket was mailed to the beneficiary.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is system derived.

11.2.100. TKT-MONTH Ticket Month

Type/length:	Character 6
Data Format:	Date CCYYMM
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the month and year of the Ticket data.

POSSIBLE VALUES

Blank or a valid month and year

USAGE NOTES

The value is system derived.

11.2.101. TKT-MONTHS-NOE Ticket Months Number of Entries

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the number of occurrences of Historical Ticket to Work Data. Historical Ticket to Work Data can occur up to 300 times per beneficiary.

POSSIBLE VALUES

Blank or a number from 1 to 300

USAGE NOTES

The value is system derived.

11.2.102. TKT-NOE Ticket Number of Entries

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the number of occurrences of Ticket to Work Data. Ticket to Work Data can occur up to 30 times per beneficiary.

POSSIBLE VALUES

Blank or a number from 1 to 300

USAGE NOTES

The value is system derived.

11.2.103. TKT-NUMBER Ticket Number

Type/length:	Numeric 1
Data Format:	Numeric
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the number of the Ticket, starting with 1. Each Ticket can be assigned, reassigned, or unassigned multiple times. Each time a Ticket is reassigned, a new occurrence of the ticket record is created with the same ticket number. A new Ticket can be issued only when the previous Ticket has terminated.

POSSIBLE VALUES

Blank or a number from 1 to 9

USAGE NOTES

The value is system derived.

11.2.104. TKT-PAID Ticket Paid

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes--300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	TKT-MNTH

DESCRIPTION AND PURPOSE

This variable indicates whether the Employment Network was paid for services for a particular month.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes, EN was paid	0	.00
Blank	No payment for month	9329260	100.00

USAGE NOTES

The value is system derived.

11.2.105. TKT-PM-NUM Ticket Program Manager Number

Type/length:	Numeric 1
Data Format:	Numeric
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the Ticket Program Manager number. Currently there is only one PM (Maximus).

POSSIBLE VALUES

Numeric value from 1 to 9

USAGE NOTES

The value is system derived.

11.2.106. TKT-PMT-TYPE Ticket Payment Type

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	TKT-ASSGND-DT

DESCRIPTION AND PURPOSE

This variable indicates the payment method the Employment Network has chosen to receive for this Ticket.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
O	Outcome Payment	4984	.05
M	Milestone Payment	1266	.01
V	Traditional vocational rehabilitation (VR) reimbursement. Only valid for state VR agencies.	26940	.29
blank	Ticket not assigned	9296070	99.65

USAGE NOTES

This variable is updated through a batch process when the ticket has an assigned date.

11.2.107. TKT-T16-ERNGS-SUSP-SW Ticket Title 16 Earnings Suspension Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the beneficiary is in non-payment status for a federal benefit on the SSR due to work and earnings.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	18199	.20
Blank	No	9311061	99.80

USAGE NOTES

The value is system derived.

11.2.108. TKT-T2-ERNGS-TERMD-SW Ticket T2 Earnings Terminated Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the T2 record on the MBR is terminated due to the beneficiary's earnings.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	2908	.03
Blank	No	9326352	99.97

USAGE NOTES

The value is system derived.

11.2.109. TKT-T16-FPMO-SW Ticket Title 16 Federal Payment Month Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the beneficiary is in current pay status for a federal benefit on the SSR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	3841696	41.18
Blank	No	5487564	58.82

USAGE NOTES

The value is system derived.

11.2.110. TKT-T2-CUR-PAY-SW Ticket Title 2 Current Pay Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the beneficiary is in current pay status on the MBR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	6416790	68.78
Blank	No	2912470	31.22

USAGE NOTES

The value is system derived.

11.2.111. TKT-T2-ERNGS-SUSP-SW Ticket Title 2 Earnings Suspension Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the beneficiary is in non-pay status on the MBR due to work and earnings.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	15556	.17
Blank	No	9313704	99.83

USAGE NOTES

The value is system derived.

11.2.112. TKT-T2-ERNGS-TERMD-SW Ticket T2 Earnings Terminated Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the T2 entitlement on the MBR is terminated due to work and earnings.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes	2908	.03
Blank	No	9326352	99.97

USAGE NOTES

The value is system derived.

11.2.113. TKT-TERMD-DT Ticket Terminated Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date that the ticket is terminated.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is system derived.

11.2.114. TKT-TERM-RSN Ticket Termination Reason

Type/length:	Character 2
Data Format:	Character
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the reason SSA manually terminated the ticket using online Ticket Add or Terminate input screen.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Default value	9,329,241	100.00
1	Beneficiary Death	1	.00
2	Attained full retirement age	0	.00
3	Non DIB entitlement to benefits	1	.00
4	New DIB entitlement	4	.00
5	Medical recovery	1	.00
6	Expedited reinstatement denial	0	.00
7	Expedited reinstatement approval	4	.00
8	Other termination reason	8	.00

USAGE NOTES

11.2.115. TKT-TITLE Ticket Title

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the program title(s) that apply to an active Ticket.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
1	T2 only	5415554	58.05
2	T2 and T16	1074012	11.51
3	T16 only	2839694	30.44

USAGE NOTES

The value is system derived.

11.2.116. TKT-UNASSGND-DT Ticket Unassigned Date

Type/length:	Character 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—30 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date the Ticket was unassigned from an EN.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.117. TKT-WARNING-SW Ticket Warning Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	Ticket to Work
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates that a possible EN overpayment may exist for the month.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes, possible overpayment	0	.00
Blank	No indication	9329260	100.00

USAGE NOTES

11.2.118. WORK-DEC-DT Work Decision Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T2 Work CDR
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the decision date for this History iteration.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is system derived.

11.2.119. WORK-ENFORCE-AMT Work Enforcement Amount

Type/length:	Numeric 7
Data Format:	Numeric $$$$$CC
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T2 Work CDR
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the amount of earnings reported by the annual Work Enforcement Process. These earnings are those recorded on the Master Earnings File and may or may not indicate post-onset work activity.

POSSIBLE VALUES

Blank or a valid money amount

USAGE NOTES

The value is system derived.

11.2.120. WORK-FIRST-MNTH Work First Month

Type/length:	Character 6
Data Format:	Date CCYYMM
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T2 Work CDR
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the first month and year of work.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.121. WORK-LAST-MNTH Work Last Month

Type/length:	Numeric 6
Data Format:	Date CCYYMM
Repeating:	Yes—99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T2 Work CDR
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the last month and year of known work activity.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.122. XXXX-ALJAC Administrative Law Judge Appeal Council

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the CDR cessation has been appealed to the Administrative Law Judge or Appeals Council level.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes, appeal filed	0	.00
N	No appeal filed	0	.00
Blank	Nothing input to DCF by SSA	13489577	100.00

USAGE NOTES

The value is input to DCF via the CDRI screen by SSA employee.

11.2.123. XXXX-APL-CD Appeal Code

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the type of appeal action recorded. Currently in DCF only used for obsolete PL 104 record types.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	default	13489577	100.00
A	Reconsideration filed	0	.00
B	Reconsideration dismissed or withdrawn	0	.00
C	Affirmation of prior decision-reconsideration	0	.00
D	Reversal or modification of prior decision-reconsideration	0	.00
E	Unique code to CDRCF?	0	.00
K	Court activity pending	0	.00
L	Court order/decision unfavorable to claimant and not appealed	0	.00
M	Court order/decision favorable to claimant and not appealed by SSA	0	.00
N	Court order/decision favorable to claimant and appealed by SSA	0	.00
O	Class action suit involved	0	.00
P	Hearing filed	0	.00
Q	Hearing dismissed or withdrawn	0	.00
R	Affirmation of prior decision-hearing	0	.00
S	Reversal or modification of prior decision-hearing.	0	.00

W	Appeal Council review filed	0	.00
X	Appeal Council review dismissed or withdrawn	0	.00
Y	Affirmation of prior decision-AC review	0	.00
Z	Reversal or modification of prior decision-AC review	0	.00

USAGE NOTES

The value is system derived.

11.2.124. XXXX-APL-DT Appeal Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date of the appeal action.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is system derived.

11.2.125. XXXX-APPEAL Appeal Indicator

Type/length:	Character 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether or not an appeal has been processed on the CDR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	No input to DCF for this CDR	13489577	100.00
Y	Yes, appeal filed	0	.00
N	No appeal filed	0	.00

USAGE NOTES

SSA field employee input via CDRI screen.

11.2.126. XXXX-BENCON Benefit Continuation

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes-up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates that the beneficiary elected to continue to receive payments while the unfavorable CDR decision is being appealed.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	No input to the DCF for this CDR	13489577	100.00
Y	Yes appeal filed	0	.00
N	No appeal filed	0	.00

USAGE NOTES

SSA field employee input via CDRI screen.

11.2.127. XXXX-CLM-ITER-NO Claim Iteration Number

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	Yes
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable provides a cross reference number that relates an occurrence of CDR history data to a corresponding DCF-CLAIM-DATA occurrence.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
00	CDR or mailer data only	9507115	70.48
01 – 99	Claim data occurrence	3982462	29.52

USAGE NOTES

The value is system derived.

11.2.128. XXXX-DATA-NOE Data Number of Entries

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the number of occurrences of CDR or mailer history data.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
0 or blank	Data refers to claim record	9507115	70.48
1 – 300	Data refers to CDR or mailer event	3982462	29.52

USAGE NOTES

The value is system derived.

11.2.129. XXXX-DDS-CDT Continuing Disability Review Type

Type/length:	Character 2
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Medical
Related Data Elements:	XXXX-DPM

DESCRIPTION AND PURPOSE

This variable indicates the reason for a CDR. This variable applies to medical CDRs and expedited reinstatement reviews. The value is a numeric conversion of the DPM.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
10	Medical Improvement Not Expected (MINE). DPM value is 5 or 7 (5 or 7 year re-exam diary)	0	.00
03	Medical Improvement Possible (MIP). DPM value is 3 (3 year re-exam diary)	1	.00
01	Medical Improvement Expected (MIE).	8	.00
05	EXR	0	.00
34		1	.00
43		4	.00
Blank	Default-claim iteration or no code input.	14692236	100.00

USAGE NOTES

The value is system derived from the DPM.

11.2.130. XXXX-DEC-DT Decision Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates date the decision (continuation, cessation, or deferment) of this CDR (medical or work) or mailer.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.131. XXXX-DEST Destination

Type/length:	Character 3
Data Format:	Character
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the location code for the destination of a transferred CDR.

POSSIBLE VALUES

Blank or alpha-numeric code

USAGE NOTES

11.2.132. XXXX-DFR-DT Deferral Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date a CDR mailer is deferred.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.133. XXXX-DIG Diagnostic Code

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Medical
Related Data Elements:	PRSN-OD-DIG

DESCRIPTION AND PURPOSE

This variable indicates the beneficiary's primary impairment. This variable records the diagnosis for the initial claim and every subsequent CDR.

POSSIBLE VALUES

See PRSN-OD-DIG for coding scheme.

USAGE NOTES

The DCF receives the DIG value from batch NDDS updates or from MMDS online screen inputs. DIG values are then propagated from the DCF to the MBR and SSR. The value may not be valid, i.e., 0001 is not a valid DIG.

11.2.134. XXXX-DOM1 Date of Mailer 1

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date the first CDR mailer was sent to the beneficiary.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.135. XXXX-DOM2 Date of Mailer 2

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date a follow-up or second mailer was sent if no response to the first mailer.

POSSIBLE VALUES

Blank or valid date

USAGE NOTES

11.2.136. XXXX-DPM Disability Permanent Indicator

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the beneficiary's impairment is considered by SSA to be permanent.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank		266	.01
P	Permanent	918762	25.60
N	Non-permanent	2669385	74.39

USAGE NOTES

Incorrect or missing values present prior to March 6, 2004 software correction and database cleanup.

11.2.137. XXXX-DR-INIT-DT Direct Release Initiation Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date the SSA field office sent the first notice to the beneficiary to initiate a CDR.

POSSIBLE VALUES

Blank or valid date

USAGE NOTES

11.2.138. XXXX-DT Event Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date that a particular CDR event occurred.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is system derived.

11.2.139. XXXX-ELECT-ALJ Elected Administration Law Judge

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates that the beneficiary elected benefit continuation through the ALJ hearing level.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes, benefits continued	0	.00
N	No benefit continuation	0	.00
Blank	No benefit continuation has been input to the DCF for this CDR.	14692253	100.00

USAGE NOTES

The value is input by SSA employees via the CDRI screen.

11.2.140. XXXX-ELECT-RECON Elected Reconsideration

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates that the beneficiary elected benefit continuation through the reconsideration or disability hearing unit appeals level.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Y	Yes, benefits continued	0	.00
N	No benefit continuation	0	.00
Blank	No benefit continuation has been input to the DCF for this CDR.	14692253	100.00

USAGE NOTES

The value is input by SSA employees via the CDRI screen.

11.2.141. XXXX-ENDT CDR End Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date that the last action was taken on a CDR.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value can be system derived or from manual input by an SSA employee.

11.2.142. XXXX-EVNT-CD Event Code

Type/length:	Numeric 3
Data Format:	Numeric
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the type of event or action taken on the CDR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
001	Initial Mailer Sent	0	.00
002	Second Mailer Sent	0	.00
003	Nonresponder Review	0	.00
004	Nonresponder Review - Follow-Up	0	.00
005	Mailer Returned - Decision Pending	0	.00
006	PC Mailer Review	0	.00
007	PC Mailer Review - Follow-Up	0	.00
008	Direct Release CDR	633106	89.67
009	CDR Initiated By PC	0	.00
010	CDR Initiated By PC - VR Requested	0	.00
011	Continuance	0	.00
012	CDR Deferred By PC - VR Requested	0	.00
013	CDR Deferred By PC	0	.00
014	CDR Initiated By Automated Review	0	.00
015	CDR Initiated By Auto Review -VR Req	0	.00
016	CDR Initiated - Follow-Up	0	.00
017	CDR Deferred By Auto Review -VR Req	0	.00
018	CDR Deferred By Automated Review	0	.00
019	Cessation	0	.00
020	Undeliverable	0	.00
021	Undeliverable - Follow-Up	0	.00
022	Work Development	0	.00
023	SSR/MBR Stop CDR	0	.00

024	Whereabouts Unknown	0	.00
025	Failure To Cooperate	0	.00
026	Failure To Cooperate - Follow-Up	0	.00
027	Direct Release CDR - Follow-Up	0	.00
028	CDR Initiated From Mailer - Transfer	0	.00
029	Whereabouts Unknown - Transfer	0	.00
030	Whereabouts Unknown - Follow-Up	0	.00
031	Failure To Cooperate - Transfer	0	.00
032	Direct Release CDR - Transfer	0	.00
033	Administrative Stop	0	.00
034	T16 Merged With T2	0	.00
035	CDR Processing Discontinued	72956	10.33
036	CDR Is Closed	0	.00
037	CDR Is Closed - 301 Case - Voc Rehab	0	.00
038 - 070	Undefined	0	.00
		0	.00

USAGE NOTES

11.2.143. XXXX-FLDR-LOC-CODE Folder Location Code

Type/length:	Character 3
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the location of the disability folder at the time the CDR was initiated.

POSSIBLE VALUES

Blank or a three digit alpha-numeric code

USAGE NOTES

The value is system derived.

11.2.144. XXXX-FLDR-REQ Folder Request

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the folder has automatically been requested.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Default	705431	99.91
Y	Folder has been requested	631	.09

USAGE NOTES

The value is system derived.

11.2.145. XXXX-FLDR-STAT Folder Status

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the status of the folder when a full CDR is requested.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Default	706062	100.00
C	Current location	0	.00
P	Prior location	0	.00
Q	Questionable location	0	.00
L	Lost	0	.00

USAGE NOTES

11.2.146. XXXX-ITER-NO Iteration Number

Type/length:	Numeric 2
Data Format:	Numeric
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable cross refers an iteration of historical data to a particular occurrence of CDR medical data. There can be multiple occurrences of historical data for each CDR event.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Default value	0	.00
00-99		706062	100.00

USAGE NOTES

The value is system derived.

11.2.147. XXXX-LISTING-CD Medical Listing Code

Type/length:	Character 7
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the listing code for this iteration of T16 Medical historical data. The various positions of this 7-digit code break down as follows: the first 3 positions are numeric with a lead "0", the next 2 positions represent a numeric body system with a lead "0", the 6th and 7th positions can be either an alpha sublisting or a "0".

POSSIBLE VALUES

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
Adult Listing	Diagnostic Category		Number	Percent
Musculoskeletal (01)				
1.02	Other and Unspecified Arthropathies	7160	897	0
1.03	Osteoarthrosis and Allied Disorders	7150	434	0
1.04	Disorders of Back (discogenic and degenerative)	7240	70	0
1.04B	Arachnoiditis	3210	123	0
1.05	Late Effects of Musculoskeletal and Connective Tissue Injuries (amputation)	9050	219	0
1.06	Fractures of Lower Limb	8270	6	0
1.07	Fractures of Upper Limb	8180	28	0
1.08	Open Wound of Upper Limb(Soft Tissue Injury)	8840	111	0
1.08	Open Wound of Lower Limb(Soft Tissue Injury)	8940		0
1.08	Burns(NOS)	9490		0
Special Senses and Speech (02)				
2.02	Retinal Detachments and Defects	3610	7384	0
2.02	Glaucoma	3650		0
2.02	Cataract	3660		0
2.02	Blindness and Low Vision	3690		0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
2.03	Visual Disturbances	3680	155	0
2.04	Visual Disturbances	3680	672	0
2.06	Strabismus and Other Disorders of Eye Movements	3780	33	0
2.07	Vertiginous Syndromes and Other Disorders of Vestibular System	3860	54	0
2.08	Deafness	3890	746	0
Respiratory (03)				
2.09	Loss of Voice	7840	4018	0
3.02	Chronic Pulmonary Insufficiency	4960	628	0
3.03	Asthma	4930	448	0
3.04	Cystic Fibrosis	2770	13	0
3.06	Pneumoconiosis	5050	2	0
3.07	Bronchiectasis	4940	9	0
3.08	Mycobacterial, Mycotic, and Other Chronic Persistent Infections of the Lung	1170	72	0
3.09	Cor Pulmonale secondary to Chronic Pulmonary Vascular Hypertension	4160	24	0
3.1	Sleep-related Breathing Disorders	7800	31	0
3.11	Lung Transplant	3250	3	0
Cardiovascular (04)				
4.02	Chronic Heart Failure	4280	256	0
4.03	Hypertensive Cardiovascular Disease	4020	21	0
4.04	Ischemic Heart Disease	4140	262	0
4.05	Recurrent Arrhythmias	4270	47	0
4.06	Symptomatic Congenital Heart Disease	7460	50	0
4.07	Valvular Heart Disease or Other Stenotic Defects, or Valvular Regurgitation	4240	41	0
4.08	Cardiomyopathies	4250	191	0
4.09	Cardiac Transplantation	3750	98	0
4.1	Aneurysm of Aorta or Major Branches	4410	0	0
4.11	Chronic Venous Insufficiency	4590	102	0
4.12	Peripheral Arterial Disease	4430	281	0
Digestive (05)				
5.02	Gastrointestinal Hemorrhage	5780	29	0
5.03	Diseases of Esophagus	5300	29	0
5.04	Peptic Ulcer (Gastric or Duodenal)	5330	14	0
5.05	Chronic Liver Disease and Cirrhosis	5710	403	0
5.06	Granulomatous Colitis	5550	57	0
5.06	Idiopathic Proctocolitis (Chronic Ulcerative Colitis)	5560		0
5.07	Regional Enteritis (Crohn"s Disease)	5550	24	0
5.08	Malnutrition (Weight Loss)	2630	131	0
5.09	Liver Transplant	4750	0	0
Genito-Urinary (06)				
6.02	Chronic Renal Failure	5850	749	0
Hemic and Lymphatic (07)				
6.06	Nephrotic Syndrome	5810	162	0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
7.02	Other Anemias	2850	82	0
7.05	Hereditary Hemolytic Anemias (Including all Sickle Cell)	2820	121	0
7.06	Purpura and Other Hemorrhagic Conditions	2870	24	0
7.07	Disease of Capillaries (Hereditary Telangiectasia)	4480	1	0
7.08	Coagulation Defects (Including Hemophilia)	2860	31	0
7.09	Neoplasm of Uncertain Behavior of Other Sitesand Tissues (Polycythemia Vera)	2380	3	0
7.1	Other Diseases of Blood and Blood-Forming Organs	2890	8	0
7.11	Leukemias	2070	562	0
7.12	Leukemias	2070	53	0
7.13	Malignant Neoplasm of Lymphoid and Histiocytic Tissue (Lymphoma)	2020	15	0
7.14	Disorders of Plasma Protein Metabolism	2730	5	0
7.15	Diseases of White Blood Cells	2880	37	0
7.16	Multiple Myeloma and Immunoproliferative Neoplasms	2030	17	0
7.17	Aplastic Anemia	2840	161	0
Skin (08)				
8.02	Erythematous Conditions (Includes Discoid Lupus)	6950	145	0
8.03	Bullous Dermatoses	6940	113	0
8.04	Mycotic (Fungus) Infections	1170	19	0
8.05	Psoriasis and Similar Disorders	6960	400	0
8.06	Disorders of Sweat Glands	7050	135	0
Endocrine (09)				
9.02	All Disorders of Thyroid Gland (Except Malignant Neoplasm)	2460	11	0
9.03	All Disorders of Parathyroid Gland (Except Malignant Neoplasm)	2520	1	0
9.04	All Disorders of Parathyroid Gland (Except Malignant Neoplasm)	2520	2	0
9.05	All Disorders of Pituitary Gland (Except Malignant Neoplasm)	2530	6	0
9.06	All Disorders of Adrenal Glands (Except Malignant Neoplasm)	2550	4	0
9.08	Diabetes Mellitus	2500	116	0
9.08A	Diabetic Neuropathy	3570	1	0
9.08B	Diabetic Acidosis	2760	178	0
9.08C	Other Retinal Disorder (Diabetic Retinopathy)	3620	173	0
Multiple Body System (10)				
10.06	Down Syndrome (Excluding Mosaic Down Syndrome)	7580	13	0
Neurological (11)				
11.02	Epilepsy (Major Motor Seizures)	3450	1112	0
11.03	Epilepsy (Minor Motor Seizures)	3450	1734	0
11.04	Late Effects of Cerebrovascular Disease	4380	794	0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
11.05A	Malignant Neoplasm of Brain	1910	274	0
11.05B	Benign Neoplasm of Brain and Other Parts of Nervous System	2250	240	0
11.06	Parkinson's Disease	3320	172	0
11.07	Cerebral Palsy	3430	630	0
11.08	Other Diseases of Spinal Cord	3360	4669	0
11.08	Fracture of Vertebral Column with Spinal Cord Lesion	8060		0
11.09	Multiple Sclerosis	3400	204	0
11.1	Anterior Horn Cell Disease (Amyotrophic Lateral Sclerosis)	3350	8	0
11.11	Late Effects of Acute Poliomyelitis	1380	197	0
11.12	Myoneural Disorders	3580	32	0
11.13	Muscular Dystrophies and Other Myopathies	3590	793	0
11.14	Peripheral Neuropathy	3570	562	0
11.16	Deficiency Anemias	2810	14	0
11.17	Other Cerebral Degenerations	3310	206	0
11.18	Late Effects of Injuries to the Nervous System	9070	2379	0
11.19	Other Diseases of Spinal Cord	3360	13	0
Mental (12)				
12.02	Organic Mental Disorders	2940	3003	0
12.03	Schizophrenic, Paranoid and Other Psychotic Disorders	2950	7338	0
12.04	Affective Disorders	2960	11725	0
12.05	Mental Retardation	3180	3681	0
12.06	Anxiety Related Disorders	3000	3116	0
12.07	Somatoform Disorders	3060	180	0
12.08	Personality Disorders	3010	1540	0
12.09	Substance Addiction Disorder Alcohol	3030	505	0
12.09	Substance Addiction Disorder Drug	3040		0
**	Borderline Intellectual Functioning	3195*		0
***In the event that borderline intellectual functioning is determined to be of listing level severity, the appropriate listed impairment category on which to find equivalence must be based on consideration of all the manifestations in the particular claim.*		**Borderline intellectual functioning must not be coded as 3180 (under mental retardation.*		
Neoplastic (13)				
13.02	Malignant Neoplasm of Other Sites (Head and Neck)	1950	77	0
13.03	Other Malignant Neoplasm of Skin	1730	17	0
13.04	Malignant Neoplasm of Connective and Other Soft Tissue	1710	54	0
13.05	Malignant Melanoma of Skin	1720	14	0
13.06	Malignant Neoplasm of Lymphoid and Histiocytic Tissue	2020	77	0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
13.07	Malignant Neoplasm of Major Salivary Glands	1420	7	0
13.08	Malignant Neoplasm of Thyroid Gland	1930	57	0
13.09	Malignant Neoplasm of Breast	1740	105	0
13.1	Malignant Neoplasm of Bone and Articular Cartilage	1700	17	0
13.11	Malignant Neoplasm of Bone and Articular Cartilage	1700	15	0
13.12A	Secondary Malignant Neoplasm (Metastatic Neoplasms of Distant Sites Other Than Regional Lymph Nodes)	1980	46	0
13.12B	Malignant Neoplasm of Brain	1910	17	0
13.13	Malignant Neoplasm of Trachea, Bronchus, or Lung	1620	28	0
13.14	Malignant Neoplasm of Pleura	1630	6	0
	Malignant Neoplasm of Thymus, Heart or Mediastinum	1640		0
13.15	Malignant Neoplasm of Other and Ill-Defined Sites Within the Digestive Organs and Peritoneum (Abdomen)	1590	0	0
13.16	Malignant Neoplasm of Esophagus	1500	14	0
13.16	Malignant Neoplasm of Stomach	1510		0
13.17	Malignant Neoplasm of Small Intestine, Including Duodenum	1520	1	0
13.18	Malignant Neoplasm of Colon, Rectum or Anus	1530	49	0
13.19	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts	1550	16	0
13.19	Malignant Neoplasm of Gallbladder and Extrahepatic Bile Ducts	1560		0
13.2	Malignant Neoplasm of Pancreas	1570	8	0
13.21	Malignant Neoplasm of Kidney or Other Urinary Organs	1890	12	0
13.21	Malignant Neoplasm of Other Endocrine Glands and Related Structures	1940		0
13.22	Malignant Neoplasm of Bladder	1880	5	0
13.23	Malignant Neoplasm of Prostate	1850	19	0
13.24	Malignant Neoplasm of Testes	1860	18	0
13.25	Malignant Neoplasm of Uterus	1790	34	0
13.26	Malignant Neoplasm of Ovary and Other Uterine Adnexa	1830	21	0
13.27	Leukemias	2070	73	0
13.28	Malignant Neoplasm of Ovary and Other Uterine Adnexa	1830	2	0
13.29	Malignant Neoplasm of Penis or Other Male Genital Organs	1870	4	0
13.3	Malignant Neoplasm of Other Female Genital Organs	1840	1	0
Immune System (14)0				
14.02	Systemic Lupus Erythematosus	7100	69	0
14.03	Systemic Vasculitis	4460	10	0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
14.04	Systemic Sclerosis and Scleroderma	7100	23	0
14.05	Polymyositis or Dermatomyositis	7100	15	0
14.06	Undifferentiated Connective Tissue Disorder	7100	32	0
14.07	Immunoglobulin Deficiency Syndromes or Deficiencies of Cell Mediated Immunity	2790	19	0
14.08	Human Immunodeficiency Virus (HIV) Infection	430	67	0
14.09	Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	7140	0	0
14.09B	Ankylosing Spondylitis and Other Inflammatory Spondylopathies	7200	0	0
Child Listing	**Diagnostic Category**	**Impairment Code**		
Musculoskeletal (01)				
101.02	Other and Unspecified Arthropathies	7160	116	0
101.03	Osteoarthrosis and Allied Disorders	7150	710	0
101.04	Fracture of Vertebral Column with Spinal Cord Lesion	8060	1	0
101.04	Curvature of Spine	7370	0	0
101.05	Late Effects of Musculoskeletal and Connective Tissue Injuries (amputation)	9050	72	0
101.06	Fractures of Lower Limb	8270	0	0
101.07	Fractures of Upper Limb	8180	0	0
101.08	Open Wound of Upper Limb (Soft Tissue Injury)	8840	24	0
101.08	Open Wound of Lower Limb (Soft Tissue Injury)	8940	0	0
101.08	Burns (NOS)	9490	0	0
Special Senses (02)				
102.02	Blindness and Low Vision	3690	1000	0
102.08	Deafness	3890	1134	0
Respiratory (03)				
103.02	Chronic Pulmonary Insufficiency	4960	347	0
103.03	Asthma	4930	2058	0
103.04	Cystic Fibrosis	2770	79	0
103.05	Lung Transplant	3250	1	0
Cardiovascular (04)				
104.02	Chronic Heart Failure	4280	1193	0
104.03	Hypertensive Cardiovascular Disease	4020	11	0
104.05	Recurrent Arrhythmias	4270	71	0
104.06	Congenital Heart Disease	7460	643	0
104.07	Valvular Heart Disease or Other Stenotic Defects, or Valvular Regurgitation	4240	50	0
104.08	Cardiomyopathies	4250	162	0
104.09	Cardiac Transplantation	3750	103	0
104.13	Chronic Rheumatic Fever or Rheumatic Heart Disease	3910	7	0
104.14	Hyperlipidemia	2720	5	0
104.15	Kawasaki Syndrome	4460	5	0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
Digestive (05)				
105.03	Congenital Anomalies of Upper Alimentary Tract (Esophageal Obstruction)	7500	544	0
105.05	Chronic Liver Disease and Cirrhosis	5710	117	0
105.07	Regional Enteritis	5550	94	0
	Idiopathic Proctocolitis	5560		0
105.08	Malnutrition	2630	704	0
105.09	Liver Transplant	4750	0	0
Genito-Urinary (06)				
106.02	Chronic Renal Failure	5850	134	0
106.06	Nephrotic Syndrome	5810	66	0
Hemic and Lymphatic (07)				
107.03	Hereditary Hemolytic Anemias	2820	312	0
107.05	Hereditary Hemolytic Anemia (Sickle Cell)	2820	493	0
107.06	Purpura and Other Hemorrhagic Conditions	2870	182	0
107.08	Coagulation Defects (Including Hemophilia)	2860	85	0
107.11	Leukemia	2070	777	0
Endocrine (09)				
109.02	All Disorders of Thyroid Gland (Except Malignant Neoplasm)	2460	9	0
109.03	All Disorders of Parathyroid Gland (Except Malignant Neoplasm)	2520	2	0
109.04	All Disorders of Parathyroid Gland (Except Malignant Neoplasm)	2520	4	0
109.05	All Disorders of Pituitary Gland (Except Malignant Neoplasm)	2530	13	0
109.06	All Disorders of Adrenal Glands (Except Malignant Neoplasm)	2550	6	0
109.07	All Disorders of Adrenal Glands (Except Malignant Neoplasm)	2550	7	0
109.08	Diabetes Mellitus	2500	68	0
109.09	All Disorders of Adrenal Glands (Except Malignant Neoplasm)	2550	2	0
109.1	All Disorders of Pituitary Gland (Except Malignant Neoplasm)	2530	33	0
109.11	All Disorders of Adrenal Glands (Except Malignant Neoplasm)	2550	7	0
109.12	Hypoglycemia	2510	21	0
109.13	Chromosomal Anomalies	7580	51	0
Multiple Body Systems (10)				
110.06	Down Syndrome, excluding Mosaic Down Syndrome	7580	1	0
110.07	Multiple Body Dysfunction	7600	1373	0
110.08	Catastrophic Congenital Abnormalities or Disease	7400	504	0
110.08A	Anencephalus and Catastrophic Anomalies	7400	365	0
110.08B	Cerebral Degeneration Usually Manifest in Childhood	3300	277	0
Neurological (11)				

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
111.02A/B	Epilepsy (Major Motor Seizures)	3450	1174	0
111.03	Epilepsy (Minor Motor Seizures)	3450	2128	0
111.05A	Malignant Neoplasm of Brain	1910	511	0
111.05B	Benign Neoplasm of Brain or Other Parts of Nervous System	2250	100	0
111.06	Other Disorders of Nervous System	3490	2382	0
111.07	Cerebral Palsy	3430	1611	0
111.08	Spina Bifida (Meningomyelocele)	7410	567	0
111.09	Loss of Voice (Communication Impairment)	7840	3961	0
Mental (12)0				
112.02	Organic Mental Disorders	2940	9191	0
112.03	Schizophrenic, Delusional (Paranoid), Schizoaffective, and Other Psychotic Disorders	2950	1179	0
112.04	Mood Disorders	2960	3052	0
112.05	Mental Retardation	3180	8932	0
112.06	Anxiety Disorders	3000	954	0
112.07	Somatoform Disorders	3060	72	0
112.07	Eating and Tic Disorders	3070	0	0
112.08	Personality Disorders	3010	3243	0
112.09	Psychoactive Substance Dependence Disorders, Alcohol	3030	38	0
112.09	Psychoactive Substance Dependence Disorders, Drugs	3040	0	0
112.1	Autistic Disorders and other Pervasive Development Disorders	2990	4645	0
112.11	Attention Deficit Hyperactivity Disorders	3140	14062	0
112.12	Developmental and Emotional Disorders of Newborn and Younger Infants	3150	1591	0
112.12	Speech and Language Delays	3153	0	0
**	**Borderline intellectual functioning must not be coded as 3180 (under mental retardation*			
	***In the event that borderline intellectual functioning is determined to be of listing level severity, the appropriate listed impairment category on which to find medical equivalence must be based on consideration of all cognitive and/or behavioral manifestations in the particular claim.*			
	***NOTE**: Listing codes are shown for some childhood mental impairments above to show listings that might be appropriate if the impairment is of listing level severity. Because there is no listing specifically for these mental impairments, they cannot meet a listing.*			
Neoplastic (13)				
113.02	Malignant Neoplasms of Lymphoid and Histiocytic Tissue	2020	51	0

Code	Definition	Impairment Code	Frequency (ORES Extracts)	
113.03	Malignant Neoplasms of Unspecified Site	1990	363	0
113.04	Malignant Neoplasms of Other Parts of Nervous System (Neuroblastoma)	1920	53	0
113.05	Malignant Neoplasms of Eye	1900	26	0
Immune System (14)				
114.02	Systemic Lupus Erythematosus	7100	24	0
114.03	Systemic Vasculitis	4460	9	0
114.04	Systemic Sclerosis and Scleroderma	7100	3	0
114.05	Polymyositis or Dermatomyositis	7100	10	0
114.06	Undifferentiated Connective Tissue Disorder	7100	12	0
114.07	Congenital Immune Deficiency Syndrome	2790	30	0
114.08	Human Immunodeficiency Virus (HIV) Infection	430	17	0
114.09A	Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	7140	0	0
114.09B	Ankylosing Spondylitis and Other Inflammatory Spondylopathies	7200	0	0
Growth Impairment (19)				
100.02, 03	Birthweight Between 1200 and 2000 Grams and small for Gestational Age	7649	12292; 312	.01; 00
100.02, 03	Birthweight Under 1200 Grams	7650	0	0
100.02	Malnutrition, Marasmus, Failure to Thrive (Growth Impairment)	7830	0	0
100.03	Malnutrition, Marasmus, Failure to Thrive (Growth Impairment)	7830	0	0
Blank	Listing Code Blank		672578	4.65
Missing	Frequency Missing		13804142	95.35

USAGE NOTES

11.2.148. XXXX-MAILER-SW Mailer Switch

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether the CDR is being conducted as a "mailer." If the response to the mailer results in a full CDR being conducted, the switch is turned off.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Not a mailer	14692248	100.00
Y	Yes	5	.00

USAGE NOTES

The value is system derived.

11.2.149. XXXX-MED-DRY-RSN Diary Reason

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Medical
Related Data Elements:	XXXX-MRED-MNTH

DESCRIPTION AND PURPOSE

This variable indicates the reason the medical re-examination diary was established.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
A	Adult: Aplastic Anemia - Treated By Bone Marrow Transplant OR Child: Medical Improvement Expected	65085	.44
B	Adult: All Back Conditions Amenable To Treatment, Where Permanently Incapacitating Residuals Are Not Established OR Child: Improvement Unpredictable	1177667	8.02
C	Adult: Chronic Liver Disease With Esophageal Varices Resulting In Massive Hemorrhage Or Requiring Shunt Operation OR Child: Major Congenital Organ Dysfunction	23817	.16
D	Adult: Fracture(s) Of Any Bone(s) Without Severe Residual Functional Loss Of Structural Deformity Which Is By Itself Disabling OR Child: Low Birth Weight	100321	.68
E	Kidney Transplant	12923	.08
F	Leukemia Without Bone Marrow Transplant	15700	.11
G	Leukemia With Bone Marrow Transplant	6130	
H	Other Surgeries Where It Is Probable Sufficient Improvement Will Occur So As To Not Preclude Work	19385	.13

Code	Definition	Frequency (ORES Extracts)	
I	Endocrine Disorders All Cases Under Listing 109ff, Except Those Meeting Listing 109.05a Or 109.08d	3491	.02
J	Growth Impairments	6384	.04
K	Lymphoreticular Malignant Neoplasms	3978	.03
L	Malignant Solid Tumors	3059	.02
M	Organic Brain Syndrome Where Severe, Irreversible Brain Damage Is Not Confirmed	6178	.04
N	Impairment Is Shown In DI 26525.000ff As An Optional MIE Diary Example	89253	.61
O	Medical Onset Is Within 3 Months Of Adjudication And Outcome Is Unpredictable	142713	.97
P	Initial Medical Onset Is Within 12 Months Of Adjudication, Permanance Not Confirmed, And Is Responding To Treatment	41944	.29
Q	Disabling Impairment Is Demonstrating Significant, Sustained, And Progressive Improvement	152371	1.04
R	Disabling Impairment Is Likely To Remit For Sustained Periods	44592	.30
S	A Recent Or Planned Intervention Should Result In Sufficient Medical Improvement	186483	1.27
T	More Then One Optional Criteria (N Thru S) Applies	33497	.23
U	Vocational Therapy Is Expected To End	2282	.02
V	TWP Established (MIP Or MINE Diary Also Appropriate)	764315	5.20
W	TWP Established (MIE Diary Also Appropriate)	204572	1.39
X	TWP Set, Medical Improvement Not Expected	27	.00
Y	ALJ Optional Medical Reexam Diary; Drug Addiction And Alcoholism; Or Aplastic Anemia Treated By Bone Marrow Transplant	109931	.75
Z	DDS Physician's Optional Medical Diary	143376	.98
3	3-Year Diary, Disability Impairment Considered Non-Permanent (Periodic Review)	6716783	45.72
5	5-Year Diary, Disability Impairment Considered Permanent (Periodic Review)	26341	.18
7	7-Year Diary, Disability Impairment Considered Permanent (Periodic Review)	3319028	22.59
9	Permanent Disability Indicator Present Pre-1981 (No Longer Used)	9	.00
Blank or zero	Data missing	2330618	15.86

USAGE NOTES

11.2.150. XXXX-MRED-MNTH Medical Reexamination Diary Month

Type/length:	Numeric 6
Data Format:	Date CCYYMM
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date of the scheduled medical reexamination.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

11.2.151. XXXX-NOE Number of Entries

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	No
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the number of occurrences of data present. There can be 99 occurrences of data.

POSSIBLE VALUES

001 - 099

USAGE NOTES

The value is system derived.

11.2.152. XXXX-ORB1 Event Orbit 1

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the type or reason for the CDR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	If CLM-ITER-NO > 0, this occurrence of data refers to a claim. Otherwise no value input.	14692247	100.00
A-G, I, K, N, P-T, V	PL 104 cases only	0	.00
H	High priority	0	.00
L	Low priority	5	.00
M	Medium priority	0	.00
O	Low birth weight	0	.00
U	Age 18/DDS	0	.00
W	SSI Child	0	.00
X	1619 Medical Review	0	.00
Y	DAA Review	0	.00
Z	Non-Low	1	.00
2	SGA	0	.00
3	TWP	0	.00
4	CDR Enforcement	0	.00
5	Expedited Reinstatement	0	.00

USAGE NOTES

11.2.153. XXXX-ORB2 Event Orbit 2

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates where or how the CDR originated.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
F	CDR Originated in Field Office	0	.00
P	CDR Originated in Program Service Center (PSC)	0	.00
C	CDR Originated in Central/Regional Office	0	.00

USAGE NOTES

11.2.154. XXXX-RBC Regulations Basis Code

Type/length:	Character 2
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the Regulation Basis Code supporting determination.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
See CLM-DENIAL-RSN	**For values for denied or unfavorable determinations**		
TII	**Claim**		
A1	Impairment Meets Level of Severity of Listings	240963	49.27
B1	Impairment Equals Level of Severity of Listings	50120	10.25
C1	Medical and Vocational Considerations	172506	35.27
D1	Medical and Vocational Considerations (35-40 Years of Arduous Unskilled Work, Marginal Education, and Significant Impairment)	24	0
Varies	Infrequent used codes	25421	5.21
TXVI	**Claim**		
61	Impairment Meets Level of Severity of Listings OR Statutory Blindness	597931	58.25
62	Impairment Equals Level of Severity of Listings	59968	5.84
63	Medical and Vocational Considerations	150190	14.63
64	Medical and Vocational Considerations (35-40 Years of Arduous Unskilled Work, Marginal Education, and Significant Impairment)	197	.02
65	Impairment(s) Medically Equals Level of Severity of Listings for a CHILD	52277	5.09

Code	Definition	Frequency (ORES Extracts)	
66	Impairment(s) Functionally Equals Levels of Severity of Listings for a CHILD	76881	7.49
Varies	Infrequent used codes	88971	8.68
TXVI	**CDR**		
70	Impairment Meets Listings	11	0
71	Impairment Meets Listing (DC, BC)	2	0
72	Impairment Equals Listing	3	0
73	Impairment Medically Equals Listing (DC, BC)	0	0
74	Impairment Plus Vocational Factors	2	0
75	35-40 Years Arduous Work	0	0
76	Disability Continues - No Medical Improvement or Any Medical Improvement is Not Related to Ability to Work	10	0
77	Disability Continues - Data From Most Recent Prior Favorable Determination Insufficient to Determine Medical Improvement	0	0
78	Impairment Functionally Equals Listing (DC, BC)	0	0
80	Title XVI Child: Disability Continues-No MI or Impairment(s) Would Still Meet/Equal CPD Listing as That Listing Was Written Then	0	0
81	Curtailment (DDS)	0	0
82	Curtailment (Face-to-Face Interview)	0	0
83	Periodic Review Pre-CDR Rediary (OCO and PSC-DRS)	0	0
84	Meets State Plan	0	0
85	Future Use	0	0
86	Future Use	0	0

USAGE NOTES

11.2.155. XXXX-RECON Reconsideration

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	O
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates whether or not a reconsideration or disability hearing unit (DHU) has been filed on the CDR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	No Recon/DHU information input to DCF	14692253	100.00
Y	Yes, appeal filed	0	.00
N	No appeal filed	0	.00

USAGE NOTES

SSA employees enter value via the CDRI screen.

11.2.156. XXXX-RPT-MNTH Report Month

Type/length:	Numeric 6
Data Format:	Date CCYYMM
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, T16 Child, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the starting date for the investigation period of the CDR mailer.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is input by SSA's Office of Disability.

11.2.157. XXXX-RSN-CD Reason Code

Type/length:	Character 2
Data Format:	Character
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C -- Future Use
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable will indicate the reason for a stop action on a CDR.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
Blank	Default value	-	-
	for future use		

USAGE NOTES

11.2.158. XXXX-SDIG Secondary Diagnostic Code

Type/length:	Numeric 4
Data Format:	Numeric
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	XXXX-DIG

DESCRIPTION AND PURPOSE

This variable indicates the secondary diagnosis code that represents the mental or physical impairment upon which disability was established.

POSSIBLE VALUES

See values for XXXX-DIG

USAGE NOTES

This variable is not well filled.

11.2.159. XXXX-STDT CDR Start Date

Type/length:	Numeric 8
Data Format:	Date CCYYMMDD
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	C
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the date when the CDR or mailer began. For claims, this value indicates the run date when the claim was established on the DCF.

POSSIBLE VALUES

Blank or a valid date

USAGE NOTES

The value is system derived.

11.2.160. XXXX-TITLE-IND Title Indicator

Type/length:	Character 1
Data Format:	Character
Repeating:	Yes—up to 300 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	Yes
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the type of record or program that an occurrence of data relates to.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	Percent
1	T2 only	3016050	47.30
2	Concurrent T2/T16	966412	15.15
3	T16 only	2394108	37.55

USAGE NOTES

The value is system derived.

11.2.161. XXXX-VOCL-RULE Vocational Rule

Type/length:	Numeric 5
Data Format:	Numeric
Repeating:	Yes—up to 99 occurs
Cleared:	No
Reset:	Yes
Edited:	No
Mandatory (M/C/O):	M
Protected:	No
DCF Extract Location:	T16 Medical, EXR, T16 Child, T2 Work, T2 Medical
Related Data Elements:	

DESCRIPTION AND PURPOSE

This variable indicates the vocational rule that applies to this occurrence of data.

POSSIBLE VALUES

Code	Definition	Frequency (ORES Extracts)	
		Number	%
Blank	Default value	0	0
0		14688018	99.97

201.00 Maximum sustained work capability limited to sedentary work as a result of severe medically determinable impairment(s).

Rule	Age	Education	Previous work experience	Decision		
201.01	Advanced age	Limited or less	Unskilled or none	Disabled.	88	0
201.02	Advanced age	Limited or less	Skilled or semiskilled - skills not transferable[1]	Disabled.	79	0
201.03	Advanced age	Limited or less	Skilled or semiskilled - skills transferable[1]	Not disabled.	1	0
201.04	Advanced age	High school graduate or more - does not provide for direct entry into skilled work[2]	Unskilled or none	Disabled.	50	0
201.05	Advanced age	High school graduate or more - provides for direct entry into skilled work[2]	Unskilled or none	Not disabled.	0	0

Code	Definition				Frequency (ORES Extracts)	
					Number	%
201.06	Advanced age	High school graduate or more - does not provide for direct entry into skilled work[2]	Skilled or semiskilled - skills not transferable [1]	Disabled.	55	0
201.07	Advanced age	High school graduate or more - does not provide for direct entry into skilled work[3]	Skilled or semiskilled - skills transferable[1]	Not disabled.	3	0
201.08	Advanced age	High school graduate or more - provides for direct entry into skilled work[2]	Skilled or semiskilled - skills not transferable[1]	Not disabled.	0	0
201.09	Closely approaching advanced age	Limited or less	Unskilled or none	Disabled.	531	0
201.10	Closely approaching advanced age	Limited or less	Skilled or semiskilled - skills not transferable	Disabled.	302	0
201.11	Closely approaching advanced age	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	5	0
201.12	Closely approaching advanced age	High school graduate or more - does not provide for direct entry into skilled work[3]	Unskilled or none	Disabled.	261	0
201.13	Closely approaching advanced age	High school graduate or more - provides for direct entry into skilled work[3]	Unskilled or none	Not disabled.	0	0
201.14	Closely approaching advanced age	High school graduate or more - does not provide for direct entry into skilled work[3]	Skilled or semiskilled - skills not transferable	Disabled.	291	0
201.15	Closely approaching advanced age	High school graduate or more - does not provide for direct entry into skilled work[4]	Skilled or semiskilled - skills transferable	Not disabled.	2	0
201.16	Closely approaching advanced age	High school graduate or more - provides for direct entry into skilled work[3]	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
201.17	Younger individual age 45-49	Illiterate or unable to communicate in English	Unskilled or none	Disabled.	324	0

Code	Definition				Frequency (ORES Extracts)	
					Number	%
201.18	Younger individual age 45-50	Limited or less - at least literate and able to communicate in English	Unskilled or none	Not disabled.	9	0
201.19	Younger individual age 45-51	Limited or less	Skilled or semiskilled - skills not transferable.	Not disabled.	4	0
201.20	Younger individual age 45-52	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	1	0
201.21	Younger individual age 45-53	High school graduate or more	Skilled or semiskilled - skills not transferable.	Not disabled.	7	0
201.22	Younger individual age 45-54	High school graduate or more	Skilled or semiskilled-skills transferable	Not disabled.	2	0
201.23	Younger individual age 18-44	Illiterate or unable to communicate in English	Unskilled or none	Not disabled.	2	0
201.24	Younger individual age 18-45	Limited or less - at least literate and able to communicate in English	Unskilled or none	Not disabled.	20	0
201.25	Younger individual age 18-46	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	9	0
201.26	Younger individual age 18-47	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	2	0
201.27	Younger individual age 18-48	High school graduate or more	Unskilled or none	Not disabled.	16	0
201.28	Younger individual age 18-49	High school graduate or more	Skilled or semiskilled - skills not transferable	Not disabled.	12	0
201.29	Younger individual age 18-50	High school graduate or more	Skilled or semiskilled - skills transferable	Not disabled.	2	0
202.00 Maximum sustained work capability limited to light work as a result of severe medically determinable impairment(s).						
Rule	**Age**	**Education**	**Previous work experience**	**Decision**		

Code	Definition				Frequency (ORES Extracts)	
					Number	%
202.01	Advanced age	Limited or less	Unskilled or none	Disabled.	331	0
202.02	Advanced age	Limited or less	Skilled or semiskilled - skills not transferable	Disabled.	185	0
202.03	Advanced age	Limited or less	Skilled or semiskilled - skills transferable[1]	Not disabled.	3	0
202.04	Advanced age	High school graduate or more - does not provide for direct entry into skilled work[2]	Unskilled or none	Disabled.	148	0
202.05	Advanced age	High school graduate or more - provides for direct entry into skilled work[2]	Unskilled or none	Not disabled.	4	0
202.06	Advanced age	High school graduate or more - does not provide for direct entry into skilled work[2]	Skilled or semiskilled - skills not transferable	Disabled.	110	0
202.07	Advanced age	High school graduate or more - does not provide for direct entry into skilled work[3]	Skilled or semiskilled - skills transferable[1]	Not disabled.	2	0
202.08	Advanced age	High school graduate or more - provides for direct entry into skilled work[2]	Skilled or semiskilled - skills not transferable	Not disabled.	1	0
202.09	Closely approaching advanced age	Illiterate or unable to communicate in English	Unskilled or none	Disabled.	634	0
202.10	Closely approaching advanced age	Limited or less - at least literate and able to communicate in English	Unskilled or none	Not disabled.	11	0
202.11	Closely approaching advanced age	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	1	0
202.12	Closely approaching advanced age	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	4	0
202.13	Closely approaching advanced age	High school graduate or more	Unskilled or none	Not disabled.	2	0

Code	Definition				Frequency (ORES Extracts)	
					Number	%
202.14	Closely approaching advanced age	High school graduate or more	Skilled or semiskilled - skills not transferable	Not disabled.	3	0
202.15	Closely approaching advanced age	High school graduate or more	Skilled or semiskilled - skills transferable	Not disabled.	1	0
202.16	Younger individual	Illiterate or unable to communicate in English	Unskilled or none	Not disabled.	8	0
202.17	Younger individual	Limited or less - at least literate and able to communicate in English	Unskilled or none	Not disabled.	18	0
202.18	Younger individual	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	10	0
202.19	Younger individual	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	1	0
202.20	Younger individual	High school graduate or more	Unskilled or none	Not disabled.	22	0
202.21	Younger individual	High school graduate or more	Skilled or semiskilled - skills not transferable	Not disabled.	14	0
202.22	Younger individual	High school graduate or more	Skilled or semiskilled - skills transferable	Not disabled.	1	0
203.00 Maximum sustained work capability limited to medium work as a result of severe medically determinable impairment(s).						
203.01	Closely approaching retirement age	Marginal or none	Unskilled or none	Disabled.	43	0
203.02	Closely approaching retirement age	Limited or less	None	Disabled.	55	0
203.03	Closely approaching retirement age	Limited	Unskilled	Not disabled.		0

Code	Definition				Frequency (ORES Extracts)	
					Number	%
203.04	Closely approaching retirement age	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.05	Closely approaching retirement age	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.06	Closely approaching retirement age	High school graduate or more	Unskilled or none	Not disabled.	0	0
203.07	Closely approaching retirement age	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.08	Closely approaching retirement age	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.09	Closely approaching retirement age	High school graduate or more - provides for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.10	Closely approaching retirement age	Limited or less	None	Disabled.	363	0
203.11	Closely approaching retirement age	Limited or less	Unskilled	Not disabled.	1	0
203.12	Closely approaching retirement age	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.13	Closely approaching retirement age	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.14	Closely approaching retirement age	High school graduate or more	Unskilled or none	Not disabled.	0	0

Code	Definition				Frequency (ORES Extracts)	
					Number	%
203.15	Closely approaching retirement age	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.16	Closely approaching retirement age	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.17	Closely approaching retirement age	High school graduate or more - provides for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.18	Closely approaching advanced age	Limited or less	Unskilled or none	Not disabled.	3	0
203.19	Closely approaching advanced age	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	1	0
203.20	Closely approaching advanced age	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.21	Closely approaching advanced age	High school graduate or more	Unskilled or none	Not disabled.	4	0
203.22	Closely approaching advanced age	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	2	0
203.23	Closely approaching advanced age	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.24	Closely approaching advanced age	High school graduate or more - provides for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	0	0
203.25	Younger individual	Limited or less	Unskilled or none	Not disabled.	18	0
203.26	Younger individual	Limited or less	Skilled or semiskilled - skills not transferable	Not disabled.	3	0

Code	Definition				Frequency (ORES Extracts)	
					Number	%
203.27	Younger individual	Limited or less	Skilled or semiskilled - skills transferable	Not disabled.	0	0
203.28	Younger individual	High school graduate or more	Unskilled or none	Not disabled.	10	0
203.29	Younger individual	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills not transferable	Not disabled.	3	0
203.30	Younger individual	High school graduate or more - does not provide for direct entry into skilled work	Skilled or semiskilled - skills transferable	Not disabled.	2	0
203.31	Younger individual	High school graduate or more - provides for direct entry into skilled work	Skilled or semiskilled skills not transferable	Not disabled.	0	0
204.00 Maximum sustained work capability limited to heavy work (or very heavy work) as a result of severe medically determinable impairment(s).						
204.00	Any Age	Any education level	Any skill level	Not disabled	129	0

USAGE NOTES

The value is system derived.

11.3. DCF-Based Extracts

11.3.1. Common Fixed Header Variables

Each DCF data extract file contains one occurrence of the following fixed set of variables to allow for merging various extracts together for analysis.

Data Element	Description	Position
SEL-DATE	Date of File Selection	1-8
FIXED-COSSN	Fixed Claimant's Own SSN	10-18
FIXED-NOSSNID	Fixed No SSN Identification	20-21
FIXED-TITLE	Fixed Title	23
FIXED-MULTI-T2-SW	Fixed Multi T2 SW	25
DCF-ORES-GRP	DCF Group (ORES derived)	27-28

11.3.2. Group 01—Fixed Header and Person Data

This extract contains one fixed length record for every person selected. The data elements listed below follow the Common Fixed Header Variables listed above.

Data Element	Description	Position
CDR-VERSION-NUM	CDR Version Number	30-31
FIXED-CONV-IND	Fixed Conversion Indicator	32
FIXED-LOCK	Fixed Lock	33-44
FIXED-DEATH-CD	Fixed Death Code	45
FIXED-DELN-CD	Fixed Deletion Code	46
FIXED-DELN-DT	Fixed Deletion Date	47-54
FIXED-DWS-TKL-DT	Fixed Development Worksheet Tickle Date	55-62
FIXED-LAST-CHG-DT	Fixed Last Changed Date	63-70
FIXED-LAST-CHG-BY	Fixed Last Changed by	71-76
FIXED-OL-CHG-IND	Fixed Online Change Indicator	77
FIXED-SYS-ACTN-DT	Fixed System Action Date	78-85
FIXED-LAST-BTCH-DT	Fixed Last Batch Date	86-93
FIXED-ERNGS-SW	Fixed Earnings Switch	94
FIXED-TKT-STUS	Fixed Ticket Status	95
FIXED-TKT-STUS-DT	Fixed Ticket Status Date	96-103
FIXED-TKT-SLTD-DT	Fixed Ticket Selected Date	104-111
FIXED-TKT-ALERT	Fixed Ticket Alert	112
FIXED-TKT-TITLE	Fixed Ticket Title	113
FIXED-TKT-PMT-CTR	Fixed Ticket Payment Counter	114-115
FIXED-DUAL-ENT-SW	Fixed Dual Entitlement Switch	116
IXED-DEMO-IND	Fixed Demonstration Indicator	117
PRSN-FNM	Person First Name	118-132
PRSN-MNM	Person Middle Name	133-147
PRSN-LNM	Person Last Name	148-167
PRSN-SFX	Person Suffix	168-171

PRSN-DOB	Person Date of Birth	172-179
PRSN-DOD	Person Date of Death	180-187
PRSN-BLND-DT	Person Blind Date	188-195
PRSN-NDDSS-DT	Person National DDS system date	196-203
PRSN-FLDR-RECON-IND	Person Folder Reconstruction Ind	204
PRSN-OD-DIARY-MNTH	Person OD Diary Month	205-210
PRSN-OD-DIG	Person OD DIG	211-214
PRSN-OD-SDIG	Person OD SDIG	215-218
PRSN-OD-DPM	Person OD DPM	219
PRSN-OD-MDR	Person OD MDR	220
PRSN-INTGT-CD	Person Integrity Code	221-222
PRSN-INTGT-DT	Person Integrity Date	223-230
PRSN-BTN-ALT	Person Beneficiary Telephone Number Alternate	231-243
PRSN-BTC	Person Beneficiary Telephone Code	244

11.3.3. Group 02—Disability Claim Data

This extract contains a record of every disability claim filed by each person, including claims for expedited reinstatement of benefits following a work cessation. Each person can have up to 99 occurrences of claims data. The data elements listed below follow the Common Fixed Header Variables listed above.

Data Element	Description
CLAIM-NOE	Claim Number of Entries (occurs once)
DER-CLM-ITR-NO	Derived claim iteration number
CLM-EFD-MNTH	Claim Effective Date Month
CLM-ADJ-DT	Claim Adjudication Date
CLM-ONSET-DT	Claim Onset Date
CLM-TITLE	Claim Title
CLM-CLMSSN	Claim SSN
CLM-SSNID	Claim SSN Identification
CLM-EXR-MNTH	Claim Expedited Reinstatement Month
CLM-EXR-DENL-SW	Claim Expedited Reinstatement Denial Switch
CLM-DIB-ENT-MNTH	Claim DIB Entitlement Month
CLM-DENIAL-RSN	Claim Denial Reason
CLM-TERM-MNTH	Claim Termination Month
CLM-TERM-RSN	Claim Termination Reason
CLM-TWP-CMPL-MNTH	Claim TWP Completion Month
CLM-PENDING-SW	Claim Pending Switch

11.3.4. Group 03—Earnings Data

Each person can have up to180 occurrences of monthly earnings data. Earnings data is added to the DCF master file via three processes:

- A batch process from the Ticket to Work Program Manager (PM),
- An batch interface process from the SSR for Title 16 beneficiaries, or
- Direct input via online screens by field employees for Title 2 beneficiaries.

Other issues:

- Earnings received from the PM are displayed as alleged until verified by field employees.
- Earnings are displayed separately for Title 2 and Title 16 benefits.
- At the time of the conversion, T2 earnings and trial work months were derived from limited information on the MBR. Work start and stop dates as well as the trial work period elapsed service months were used to determine months worked. The minimum amount of earnings needed for a trial work month was recorded for trial work months. Start and stop dates for the extended period of eligibility (EPE) along with months of non-payment were used to determine other work months. The minimum amount of earnings used to determine if work was substantial was posted for non-payment months in the EPE. Earnings derived during the conversion can be identified by values in the T2-ERNGS-VRFD-DATA variable, i.e., C = converted and Q = questionable earnings.
- Currently only one trial work period (TWP) per person can be recorded in the DCF. This limitation poses problems when beneficiaries are entitled to multiple T2 benefits or become entitled to a second TWP resulting from an expedited reinstatement. A future enhancement to the DCF is planned to track multiple TWPs.
- Earnings discovered through the enforcement process are initially recorded in the T2 Work earnings group. Field employees enter earnings in the Earnings Group data when the work CDR is developed.

The data elements listed below follow the Common Fixed Header Variables.

Data Element	Description
ERNGS-MONTHS-NOE	Earnings Months Number of Entries (Occurs once)
ERNGS-MNTH	Earnings Month
ERNGS-ALLGD-AMT	Earnings Alleged Amount
T16-ERNGS-GRS-AMT	T16 Earnings Gross Amount
T16-ERNGS-VRFD-SW	T16 Earnings Verified Switch
T16-ERNGS-WRK-EXP-AMT	T16 Earnings Work Expenses Amount
T16-ERNGS-PASS-AMT	T16 Earnings PASS Amount
T16-ERNGS-STUD-EXCL-AMT	T16 Earnings Student Exclusion Amount
T16-ERNGS-SE-NET-AMT	T16 Self Employment Earnings Net Amount
T16-ERNGS-SE VRFD-SW	T16 Earnings Self Employment Verified Switch
T2-ERNGS-GRS-AMT	T2 Earnings Gross Amount
T2-ERNGS-VRFD-DATA	T2 Earnings Verified Data
T2-ERNGS-WRK-EXP-AMT	T2 Earnings Work Expenses Amount
T2-ERNGS-SBDY-AMT	T2 Earnings Subsidy Amount
T2-ERNGS-SPCL-CDN-AMT	T2 Earnings Special Condition Amount
T2-ERNGS-SE-NET-AMT	T2 Self Employment Earnings Net Amount
T2-ERNGS-SE-UBE-AMT	T2 Self Employment Earnings Unpaid Business Expense Amount
T2-ERNGS-SE-HRS	T2 Self Employment Hours

T2-ERNGS-SE VRFD-SW	T2 Earnings Self Employment Verified Switch
ERNGS-LAST-UPD-DATE	Earnings Last Update Date
T2-ERNGS-TWP-Data	T2 Earnings Trial Work Period Data

11.3.5. Group 04—Ticket to Work Data

Most adult disabled beneficiaries are eligible for a Ticket to Work. This data group stores information about eligible individual's ticket use. This data group has up to 30 occurrences of specific ticket data and up to 300 occurrences of historical ticket data. The data elements listed below follow the Common Fixed Header Variables.

Data Element	Description
TKT-NOE	Ticket Number of Entries (occurs once)
TKT-NUMBER	Ticket Number
TKT-PM-NUM	Ticket Program Manager Number
TKT-MAILED-DT	Ticket Mailed Date
TKT-CNTRCT-DT	Ticket Contract
TKT-ASSGND-DT	Ticket Assigned Date
TKT-UNASSGND-DT	Ticket Unassigned Date
TKT-TERMD-DT	Ticket Terminated Date
TKT-TERM-RSN	Ticket Termination Reason
TKT-EIN	Ticket Employer Identification Number
TKT-PMT-TYPE	Ticket Payment Type
TKT-CLAIM-ITER-NO	Ticket Claim Iteration Number
TKT-MONTHS-NOE	Ticket Months Number of Entries (occurs once)
TKT-MONTH	Ticket Month
TKT-INUSE-SW	Ticket In use Switch
TKT-CLOCK-STOP-SW	Ticket Clock Stop Switch
TKT-TITLE	Ticket Title
TKT-T2-CUR-PAY-SW	Ticket Title 2 Current Pay Switch
TKT-T2-ERNGS-SUSP-SW	Ticket Title 2 Earnings Suspension Switch
TKT-T16-FPMO-SW	Ticket Title 16 Federal Payment Month
TKT-T16-ERNGS-SUSP-SW	Ticket Title 16 Earnings Suspension Switch
TKT-PAID	Ticket Paid
TKT-WARNING-SW	Ticket Warning Switch
TKT-DIB-TRUST-FUND-SW	Ticket Disability Trust Fund Switch
TKT-T2-ERNGS-TERMD-SW	Ticket T2 Earnings Terminated Switch
TKT-T16-ERNGS-TERMD-SW	Ticket T16 Earnings Terminated Switch

11.3.6. Groups 05 through 09—CDR Data Groups

These data groups store data for each possible type of CDR though not every individual has CDR data. As mentioned earlier, the type of CDR data available for a person is dependent on the type of benefit and other post-entitlement activities. The table below

lists all data elements in these five data groups and most are common among these data extracts. Common data elements are listed with a prefix of XXXX though the actual prefix name varies by group. The actual prefix names for each group are:

- T2MED—for T2 Medical CDR Data (Group 05).
- MED—for T16 [adult] Medical CDR Data (Group 06).
- CHLD—for T16 Child CDR Data (Group 07).
- WORK—for T2 Work CDR Data (Group 08).
- EXR—for Expedited Reinstatement Data (Group 09).

Data Element	Description
XXXX-NOE	Number of Entries (occurs once)
XXXX-CLM-ITER-NO	Claim Iteration Number
XXXX-ORB1	Event Orbit 1
XXXX-ORB2	Event Orbit 2
XXXX-STDT	CDR Start Date
XXXX-ENDT	CDR End Date
XXXX-DIG	Medical Diagnostic Code
XXXX-SDIG	Secondary Diagnostic Code
XXXX-DEC-DT	Decision Date
XXXX-MRED-MNTH	Medical Reexamination Diary Month
XXXX-DPM	Disability Permanent Indicator
XXXX-MED-DRY-RSN	Diary Reason
XXXX-LISTING-CD	Medical Listing Code
XXXX-VOCL-RULE	Vocational Rule
XXXX-RBC	Regulations Basis Code
XXXX-DDS-CDT	Continuing Disability Review Type
XXXX-DOM1	Date of Mailer 1
XXXX-DOM2	Date of Mailer 2
XXXX-MAILER-SW	Mailer Switch
XXXX-DR-INIT-DT	Direct Release Initiation Date
XXXX-FLDR-LOC-CODE	Folder Location Code
XXXX-FLDR-STAT	Folder Status
XXXX-DFR-DT	Deferral Date
XXXX-RPT-MNTH	Report Month
XXXX-APPEAL	Appeal Indicator
XXXX-RECON	Reconsideration
XXXX-ALJAC	Administrative Law Judge Appeal Council
XXXX-BENCON	Benefit Continuation
XXXX-ELECT-RECON	Elected Reconsideration
XXXX-ELECT-ALJ	Elected Administration Law Judge
XXXX-DATA-NOE	Data Number of Entries (Occurs once)
XXXX-EVNT-CD	Event Code
XXXX-DT	Event Date
XXXX-DEST	Destination
XXXX-RSN-CD	Reason Code
XXXX-APL-DT	Appeal Date
XXXX-APL-CD	Appeal Code
XXXX-FLDR-REQ	Folder Request
XXXX-TITLE-IND	Title Indicator
XXXX-ITER-NO	Iteration Number

WORK-DEC-DT	Work Decision Date
WORK-ENFORCE-AMT	Work Enforcement Amount
WORK-FIRST-MNTH	Work First Month
WORK-LAST-MNTH	Work Last Month

11.3.7. Group 10--Development Worksheet Data

Data Element	Description
DWS-NOE	Development Worksheet Number of Entries (occurs once)
DWS-LOC	Development Worksheet Location
DWS-TYPE	Development Worksheet Type
DWS-ISSUE	Development Worksheet Issue
DWS-RQST-DT	Development Worksheet Issue Request Date
DWS-FUP1-DT	Development Worksheet Issue Follow up 1 Date
DWS-FUP2-DT	Development Worksheet Issue Follow up 2 Date
DWS-TKL-DT	Development Worksheet Issue Tickle Date
DWS-CLSD-DT	Development Worksheet Closed Date

APPENDIX K

FILE LAYOUT OF THE MONTHLY CER100% FIELD FILES

SSI Characteristic Extract Record (CER)

Effective Date 2010-05

Location	Field Name	Action	Acronym	Size	Type	x	Format
1	Record Identification Code		RIC	1	A/N		
2	Transaction Code (Type Of Action)		TOA	2	A/N		
4	Master File Type Code		MFT	2	A/N		
6	Housed Under Number		HUN	9	N		
15	Social Security Number		PAN	9	N		
24	Case Payment Indicator		PMTIND	1	N		
25	MIL (min. income level) Indicator		MILI	1	A/N		
26	Essential Persons Indicator		ESPER	1	A/N		
27	Stale Record Indicator		STALE-RCD-IND	1	A/N		
28	Earliest Computation Date		START-RD	6	N		CCYYMM
34	Termination Pay Status		TERM-STAT	3	A/N		
37	Termination date		TERM-RD	6	N		CCYYMM
43	Windfall Flag		WIN-INTRFCE	1	A/N		
44	Application Type		AP-TYPE	1	A/N		
45	No. Of Redetermination Entries		RED-NOE	2	N		
47	Comp. Status Type Of Action (most current)		COMP-STAT-TOA	2	A/N		
49	Redetermination Low Probability		RED-LOWPROB	1	A/N		
50	" Profile		PROFILE	1	A/N		
51	" Type		REDTYPE	1	A/N		
52	" Initiation Date		RED-INIT-RD	6	N		CCYYMM
58	" Completion Date		RED-COMPL-RD	6	N		CCYYMM
64	" Profile Source Code		PROF-SRCE	2	A/N		
66	" Region Code		RED-REGION	1	A/N		
67	" Area Office Code		RED-AREA	1	A/N		
68	Case Characteristics (Occurs 10 times)		CCHAR	4	A/N		
72	Remaining 9 occurrences			36	A/N		
108	Record Establishment Date		RCD-EST-JD	8	N		CCYYMMDD
116	Date Of Birth		BIRTH-JD	8	N		CCYYMMDD
124	Date Of Death		DEATH-JD	8	N		CCYYMMDD
132	MBR - Ledger Account File Code		LAF	2	A/N		
134	Sex		SEX	1	A/N		
135	Race		RACE	1	A/N		
136	Claimant's First Name		CLMT-1ST-NAM	15	A/N		
151	Claimant's Last Name (first 15 positions)		CLMT-LST-NAM	15	A/N		
166	Interface Income Recovery		IIR	1	A/N		
167	Veterans Adm. Inc. Recovery Indicator		IIRVA	1	A/N		
168	Civil Service Inc. Recovery Indicator		IIRCS	1	A/N		
169	Date Of Current Eligibility		ELG-RD	6	N		CCYYMM
175	Application Date (current)		APPL-JD	8	N		CCYYMMDD
183	8080 Date		8080-JD	8	N		CCYYMMDD
191	Transmitting District Office Code		X-MITTING-DO	3	A/N		
194	Filler		----	2	A/N		
196	Date of Reversal of Initial Denial		REV-JD	8	N		CCYYMMDD
204	Denial Code		DENCDE	3	A/N		
207	Date Of Denial		DENIAL-JD	8	N		CCYYMMDD
215	Food Stamps Interview Date		FS-INTERVIEW-RD	6	N		CCYYMM
221	Food Stamps Recipient		FS-RECIPIENT	1	A/N		
222	Food Stamps Request		FS-REQUEST	1	A/N		
223	Economic Recovery Payment Indicator		ERP-IND	1	A/N		
224	Date Claim Filed		CLM-FIL-JD	8	N		CCYYMMDD
232	Filler		----	6	A/N		
238	Proration Factor (next month)		PROFAC	2	N		
240	CDI Medical Issue		CDI-MED	1	A/N		
241	CDI Medical Issue Date		CDI-MED-RD	6	N		CCYYMM
247	Disability Payment Code		DISPAYCDE	1	A/N		
248	Date Of Onset of Disability or Blindness		DIS-ONST-JD	8	N		CCYYMMDD
256	Record Sequence No.		RCDNO	1	A/N		
257	Trial Work Period Months (occurs 9 times)		TWP-WRK-RD	6	N		CCYYMM
263	Remaining 8 occurrences			48	N		
311	Trial Work Period Code		TWP-CDE	1	A/N		

Location	Field Name	Action	Acronym	Size	Type x	Format
312	Vocational Rehabilitation Code		VR-CODE	1	A/N	
313	Ending Date Of Extended Trial Work Period		EXTWPEND-RD	6	N	CCYYMM
319	Eligibility Status Effective Date		MEDSERV-RD	6	N	CCYYMM
325	Medical And Social Services Eligibility		MEDSERV-CDE	1	A/N	
326	Primary Disability Diagnostic Code		DIB-DIG	4	A/N	
330	Secondary Disability Diagnostic Code		DIB-DIG2	4	A/N	
334	Medical Diary Reason		DIB-MDR	1	A/N	
335	Permanent Disability Indicator		DIB-DPM	1	A/N	
336	Zebley Indicator		ZEBIND	1	A/N	
337	State & County Code at Conversion		STCOCNV	5	A/N	SSCCC
342	Direct Deposit Payment Code		DDDPC	1	A/N	
343	Residence State & County & Servicing DO Code		PDSCC	6	A/N	SSCCCD
349	Payee's Zip Code		PDZIP	5	A/N	
354	Payee's Zip Code Suffix		PDZIP6-9	4	A/N	
358	District Office Code		DO	3	A/N	

----- Current Earned Income -----
Occurs 6 Times for types S, W, C, D, T, N, respectively. Multiple occurrences of any single type are summed into a single occurrence.
*** Type B located later in record ***

361	Earned Income Type Code - S		IETYP	1	A/N	
362	Earned Income Start Date - S		IESTART-RD	6	N	CCYYMM
368	Earned Income Amount - S		IEAMT	6	N	$$$$cc
374	Earned Income Frequency - S		IEFRQ	1	A/N	
375	Remaining 5 occurrences			70		

---- Current Unearned Income ----
Occurs 6 Times for the first six types of unearned types encountered.
IUETYP = "A" is in 1st occurrence. If more than 6 types, the 6th occurrence is used to summarize the 6th through the n th type and IUEIDNO will be blank.

445	Unearned Income Type Code		IUETYP	2	A/N	
447	Unearned Income Start Date		IUESTART-RD	6	N	CCYYMM
453	Unearned Income Amount		IUEAMT	6	N	$$$$cc
459	Unearned Income Frequency		IUEFRQ	1	A/N	
460	Claim or ID Number for Unearned Income		IUEIDNO	12	A/N	
472	Remaining 5 occurrences			135		
607	Diary Code (Last 7 occurs)		DIACDE	2	A/N	
609	Remaining 6 occurrences			12	A/N	
621	Diary Date (Last 7occurs)		DIARY-JD	8	N	CCYYMMDD
629	Remaining 6 occurrences			48		
677	Diary Follow-up Indicator (Last 7 occurs)		FOLUP	1	N	
678	Remaining 6 occurrences			6		
684	Type Of Payee Code		REPPAYTYP	3	A/N	
687	Guardian/Competency Code		REPGC	1	A/N	
688	Custody Code		REPCUS	3	A/N	
691	Applicant's Address Zip Code		AAZIP	5	A/N	
696	Applicant's Address Zip Code Suffix		AAZIP6-9	4	A/N	
700	Title II Authorized Representative Fee		ATHREP-T2-FEE	4	N	$$$$
704	Title XVI Maximum Authorized Representative Fee		ATHREP-T16-FEE	4	N	$$$$
708	No. of Payment Entries Present		NOP-9	3	N	
711	Amount of Unresolved Overpayment		UNRESOLVED	6	N	$$$$$$
717	Overpayment Balance (current)		OUTSTAND	6	N	$$$$$$
723	Overpayment Rate of Recovery		RATEREC	6	N	$$$$$$
729	Amount of Overpayment Collected		OP-COLL	6	N	$$$$$$
735	Ten Percent Rate of Recovery Indicator		TENPER	1	A/N	
736	Windfall Start Date		WSTRT-RD	6	N	CCYYMM
742	Windfall End Date		WEND-RD	6	N	CCYYMM
748	Windfall Indicator		WIN	1	A/N	
749	Windfall Non-Countable Income		WNCI	6	N	$$$$$$

Location	Field Name	Action	Acronym	Size	Type x	Format
755	Federal Money Amount (payment)		FEDPMT	6	N	$$$$$$
761	State Supplementation Amount (payment)		STATPMT	6	N	$$$$$$
767	Payment State Code		PAYSC	2	N	
769	Unnegotiated Check Indicator		UCI	1	A/N	
770	Statutory Benefit Continuation Payment Ind		PAY-STATBC-IND	1	A/N	
771	Filler		----	3	A/N	
	---------- Computational Data ----------					
	(Contains data for month AFTER selection date (SEL-DATE), except as indicated.)					
774	Chargeable Earned Inc Amt - (current month)		EINCM-CUR	4	N	$$$$
778	Chargeable Unearned Inc Amt - (current month)		UINCM-CUR	4	N	$$$$
782	Fed Countable Inc for Pay Comp - (current month)		FCI-CUR	5	N	$$$$$
787	Current Composition Code - (next month)		CUR-COMP	1	A/N	
788	Welfare Ind. - (next month)		WELF	1	A/N	
789	Medical & Social Service Inc Test - (current month)		MEDTEST-CUR	1	A/N	
790	Multiple Eligible Child - (next month)		MULT-ELIG-CHLD	2	N	
792	Ticket to Work Status Ind. - (current month)		TKT-STAT-IND-CUR	1	A/N	
793	Budget Month Flag		BMF	1	A/N	
794	Payment Status Code - (current month)		PSTAT-CUR	3	A/N	
797	Payment Status Code		PSTAT	3	A/N	
800	Living Arrangements Code - (next month)		LIVF	1	A/N	
801	Living Arrangements Code - (current month)		LIVF-1	1	A/N	
802	Living Arrangements Code - (prior month)		LIVF-2	1	A/N	
803	Optional State Supplementation Code		OSCD	1	A/N	
804	State & County Code for Supplementation		STSUPGP	5	N	
809	State Concurrent Eligibility Indicator		STCONCATM	1	A/N	
810	State Optional Payment Code		STOPACM	1	A/N	
811	Medicaid Eligibility Code		MEDIC	1	A/N	
812	Student Indicator		STUDM	1	A/N	
813	Drug Addict or Alcoholic Identification		DRUGM	1	A/N	
814	Chargeable Earned Income Amount		EINCM	4	N	$$$$
818	Chargeable Unearned Income Amount		UINCM	4	N	$$$$
822	Federal Assistance Amount - (current month)		FEDAMT-CUR	3	N	$$$
825	Current Amount Of State Supp. - (current month)		SUPAMT-CUR	3	N	$$$
828	Federal Assistance Amount		FEDAMT	3	N	$$$
831	Current Amount Of State Supp.		SUPAMT	3	N	$$$
834	Conditional Payment Indicator		CONDPAY	1	A/N	
835	Medical and Social Services Income Test		MEDTEST	1	A/N	
836	Total Amount of Overpayment Detected		OPDET	5	N	$$$$$
841	Deemed Income Amount for the Quarter		DEEMAMT	5	N	$$$$$
846	Deeming Indicator		DEEMCD	1	A/N	
847	Windfall Offset Federal Amount		WIN-FED	3	N	$$$
850	Windfall Offset State Amount		WIN-STAT	3	N	$$$
853	Date Of File Selection (cutoff date)	*	SEL-DATE	8	N	CCYYMMDD
861	Special Indicator Field	*	SPEC-ID	3	A/N	
864	Unearned Type "A"/Frequency "R" Ind	*	RFRQ	1	A/N	R / space
865	New Award Indicator	*	NEWARD	1	A/N	Y / space
866	First Payment Date (this record)	*	FIRST-PAY-DATE	8	N	CCYYMMDD
874	PSTAT After Last C01 / M01 / M02	*	PSTAT-LST	3	A/N	
877	PSTAT After Last C01 / M01 / M02 Date	*	PSTAT-LST-DATE	6	N	CCYYMM
883	Payment Status Month 1	n	PSTAT1	3	A/N	
886	Payment Status Month 2	n	PSTAT2	3	A/N	
889	Payment Status Month 3	n	PSTAT3	3	A/N	
892	Payment Status Month 4	n	PSTAT4	3	A/N	
895	Payment Status Month 5	n	PSTAT5	3	A/N	
898	Payment Status Month 6	n	PSTAT6	3	A/N	
901	Payment Status Month 7	n	PSTAT7	3	A/N	
904	Payment Status Month 8	n	PSTAT8	3	A/N	
907	Payment Status Month 9	n	PSTAT9	3	A/N	
910	Payment Status Month 10	n	PSTAT10	3	A/N	
913	Payment Status Month 11	n	PSTAT11	3	A/N	
916	Payment Status Month 12	n	PSTAT12	3	A/N	
919	Filler			2	A/N	

Location	Field Name	Action	Acronym	Size	Type x	Format
	--- Appeals Data --- occurs 3 times ---					
	occurs 1 - Conversion Data					
	occurs 2 - Latest Initial Claim Data					
	occurs 3 - Post-Eligibility Data					
921	Appeal Type		PL-TYP	1	A/N	
922	Appeal Reason		PL-RSN	2	A/N	
924	Appeal Filing Date		PL-FILE-JD	8	N	CCYYMMDD
932	Appeals Decision Code		PL-DCSN-CDE	2	A/N	
934	Appeals Date of Final Decision		PL-DCSN-JD	8	N	CCYYMMDD
942	Appeals Decision Type		PL-DECISION-TYP	1	A/N	
943	Appeals Remaining 2nd and 3rd occurrences			44		
987	12-Month Check for Payment	*n	CHK-PMT	1	A/N	
988	Spoken Language Code		LANG-PREF-SPOKEN	2	A/N	
990	Written Language Preference		LANG-PREF-WRITTEN	2	A/N	
992	Filler		----	1	A/N	
993	Rep Payee Spoken Language Preference		REP-LANG-PREF-SPOKEN	2	A/N	
995	Rep Payee Written Language Preference		REP-LANG-PREF-WRITTEN	2	A/N	
	--- Alien Data --- occurs 2 times ---					
997	Alien Relative Date		ALIEN-RD	6	N	CCYYMM
1003	Alien Data Citizenship/Alien Code		ALIEN	1	A/N	
1004	Alien Country		ALIEN-CNTRY	2	A/N	
1006	Alien Sponsor		ALIEN-SPON	1	A/N	
1007	Alien Status Attained Date		ALIEN-STAT-RD	6	N	CCYYMM
1013	Alien Eligibility Reason		ALIEN-EXC	1	A/N	
1014	Alien Eligibility Start Date		ALIEN-EXC-START-RD	6	N	CCYYMM
1020	Alien Remaining 2nd occurrence			23		
	--- Earned Income, type B ---					
1043	Earned Income Type Code - B		IETYP	1	A/N	
1044	Earned Income Start Date - B		IESTART-RD	6	N	CCYYMM
1050	Earned Income Amount - B		IEAMT	6	N	$$$$cc
1056	Earned Income Frequency - B		IEFRQ	1	A/N	
1057	Filler		----	6	A/N	
1063	Title 8 Veteran		T8VET	1	A/N	
1064	Stop Date		STOP-RD	6	N	CCYYMM
1070	Rep Payee's Zip Code		REP-ZIP	5	A/N	
1075	Rep Payee's Zip Code Suffix		REP-ZIP6-9	4	A/N	
1079	Filler	n		37	A/N	
1116	Payment Indicator Generated by ORES	n	PMT-IND	1	N	
1117	Filler	n		84	A/N	
	Record length = 1,200 characters					

* = Not directly derived from SSR

A = Acronym name change - this record

D = Deleted Field - this record

F = Field name change - this record

M = Modified field - this record

N = New field - this record

S = Size change - this record

Note: Alpha-numeric field contains
Hex values (i.e. X'01') Move to a redefined field in
Working-Storage to use.

APPENDIX L

FILE LAYOUT OF THE MONTHLY DBAD FILES

Disabled Beneficiaries and Dependents MBR (DBADMBR) File

DRAFT **Record Description (MBR V14 subversion changes)** Rev. 9/11/2007

Effective Date 10/2007

Location	Field Name	Action	Acronym	Size	Type	Format
1	Date of File Selection	*	SEL-DATE	8	N	CCYYMMDD
	001 RECORD CONTROL DATA					
9	Claim Account Number (SSN)		CAN	9	A/N	
18	Payment Cycle Current Operating Month		PCCOM	6	N	CCYYMM
24	Payment Cycle Change Reason		PCCR	1	A/N	
25	First Payment Cycle Current Operating Month	*	FPCCOM	6	N	CCYYMM
31	First Payment Cycle Change Reason	*	FPCCR	1	A/N	
	002 FIXED ACCOUNT DATA					
32	Computation and Insured Status Code -- Folder	B*	CIS1-FOLDER	1	A/N	
33	Computation and Insured Status Code -- Disability	B*	CIS1-DISAB	1	A/N	
34	Computation and Insured Status Code -- New Comp	B*	CIS1-NEWCMP	1	A/N	
35	Computation and Insured Status Code -- Worker	B*	CIS1-WORKER	1	A/N	
36	Selected Claims Input Code Two-Provisional Payment	B*	SCIC2-PP	2	A/N	
38	Race of Primary -- Race	B*	SROP-RACE	1	A/N	
39	Lump Sum Entitlement Code -- Surv / LSDP	B*	LSEC-SUR-LSDP	1	A/N	
40	Lump Sum Entitlement Code -- DIB/RIB Conv	B*	LSEC-CONV	1	A/N	
41	Lump Sum Entitlement Code -- RIB Accr.	B*	LSEC-RIB	1	A/N	
42	Lump Sum Entitlement Code -- DIB Accr.	B*	LSEC-DIB	1	A/N	
43	Military		MIL	1	A/N	
44	Railroad Code		RRC	1	A/N	
	022 PRIMARY INSURANCE HISTORY **Occurs 8 times of 50**					
45	Number of Primary Insurance Fields		NPIH	2	N	
47	PIA Effective Date		PIED	6	N	CCYYMM
53	Primary Insurance Factor Code (Governing PIA)	*	PIFC	1	A/N	
54	Primary Insurance Amount (Governing PIA)	*	PIA	5	N	$$$$c
59	Family Maximum		FMAX	5	N	$$$$c
64	Type of Maximum		TOM	1	A/N	
65	Indexed Monthly Earnings		IME	4	N	$$$$
69	Eligibility Year		ELY	4	N	CCYY
73	Primary Insurance Factor Code Two		PIFC2	1	A/N	
74	Primary Insur. History occurs 2 through 8			189		
	033 INSURED STATUS MET DATA (Account Data) **Occurs 2 times of 30 (governing PIA)**					
263	Number of Insured Status Met Data fields		NINSD	2	N	
265	Insured Status Claim Type		INSD-CLMTYP	1	A/N	
266	Insured Status Date Claim Filed	DOF	INSD-DCF	8	N	CCYYMMDD
274	Insured Status Last Month	DLM	INSD-LAST-MTH	6	N	CCYYMM
280	Insured Status Waiting Period Start Month		INSD-WPSD-MTH	6	N	CCYYMM
286	Insured Status 20/40 Exclusion Test Met		INSD-2040-XMT	1	A	
287	Insured Status 20/40 Non-exclusion Test Met		INSD-2040-NXMT	1	A	
288	Insured Status Age 31 Exclusion Test Met		INSD-A31-XMT	1	A	
289	Insured Status Age 31 Non-Exclusion Test Met		INSD-A31-NXMT	1	A	
290	Insured Status Age24 Exclusion Test Met		INSD-A24-XMT	1	A	
291	Insured Status Age24 Non-Exclusion Test Met		INSD-A24-NXMT	1	A	
292	Insured Status DIB Test Quarters of Coverage Required Count		INSD-DIB-REQ	2	N	
294	Insured Status DIB Test HAS Quarters of Coverage Count		INSD-DIB-HAS	2	N	
296	Insured Status Fully Insured Exclusion Test Met		INSD-FIS-XMT	1	A	
297	Insured Status Fully Insured Non-Exclusion Test Met		INSD-FIS-NXMT	1	A	
298	Insured Status Fully Insured Test Quarters of Coverage Required Count		INSD-FIS-REQ	2	N	
300	Insured Status Fully Insured HAS Quarters of Coverage Count		INSD-FIS-HAS	2	N	
302	Statutory Blindness Established		INSD-STBL-IND	1	A	
303	Insured Status History occurs 2			38		

Disabled Beneficiaries and Dependents MBR (DBADMBR) File

DRAFT **Record Description (MBR V14 subversion changes)** Rev. 9/11/2007
Effective Date 10/2007

Location	Field Name	Action	Acronym	Size	Type	Format
	038 FIXED PAYMENT DATA					
341	Monthly Payment Amount		MPA	5	N	$$$$c
346	District Office Code		DOC	3	A/N	
349	State and County Code		SCC	5	A/N	SSCCC
354	ZIPcode	*	ZIP	5	A/N	
359	ZIP-ADD-ON code		ZIP-ADD-ON	4	A/N	
	051 ATTORNEY PAYMENT DATA					
363	Past Due Benefits		PDB	6	N	$$$$$c
369	Pending Fee Amount		PFA	6	N	$$$$cc
375	Fee Agreement Type		FAT	1	A/N	
	062 FIXED BENEFICIARY DATA					
376	Beneficiary Identification Code	B*	BIC	2	A/N	
378	Ledger Account File		LAF	2	A/N	
380	Date of Birth		DOB	8	N	CCYYMMDD
388	Initial Date of Entitlement		DOEI	6	N	CCYYMM
394	Current Date of Entitlement		DOEC	6	N	CCYYMM
400	Dual Entitlement Type	BPC-DUAL	DE-TYPE	1	A	
401	Beneficiary Reduced for Age	BPC-AGE-RED	RED-FOR-AGE	1	A	
402	RIBLIM-Applies		RIBLIM-APPLIES	1	A/N	
403	Debit Processing Date		DRD	8	N	CCYYMMDD
411	Date of Suspension / Termination		DOST	6	N	CCYYMM
417	Date of Credit Action		DOCA	6	N	CCYYMM
423	Beneficiary Sex Code		SEX	1	A/N	
424	Monthly Benefit Payment		MBP	5	N	$$$$c
429	Language		LANG	1	A/N	
430	Railroad Involvement Code		RRIC	1	A/N	
431	Type of Claim		TOC	1	A/N	
432	Adjusted Blind Onset Date		ABOD	8	N	CCYYMMDD
	123 BENEFICIARY CLAIM DATA					
	Occurs 10 times of 30					
440	Number of Beneficiary Claim Data fields		NBCLM	2	N	
442	Historical Date of Entitlement Start		BCLM-DOE-START	6	N	CCYYMM
448	Date of Filing Application	DOF	BCLM-DOF	8	N	CCYYMMDD
456	Application Receipt Date		BCLM-APPRECPT	8	N	CCYYMMDD
464	Historical Beneficiary Identification Code	BIC	BCLM-BIC	2	A	
466	Historical Current Entitlement Code	CEC	BCLM-CEC	1	A	
467	Outside the MAX Indicator		BCLM-OTSID-MAX	1	A	
468	Historical Date of Entitlement Termination		BCLM-DOETERM	6	N	CCYYMM
474	BCLM Data occurs 2 through 10			288		
	153 BENEFICIARY DENIAL/DISALLOWANCE DATA					
	Occurs 6 times of 30					
762	Number of Beneficiary Denial/Disallowance Data fields		NDENY	2	N	
764	Date of Filing Application	DOF	DENY-DOF	8	N	CCYYMMDD
772	Application Receipt Date		DENY-APPRECPT	8	N	CCYYMMDD
780	Historical Beneficiary Identification Code	BIC	DENY-BIC	2	A	
782	Historical Current Entitlement Code	CEC	DENY-CEC	1	A	
783	Date of Disability Onset		DENY-DDO	8	N	CCYYMMDD
791	Historical Reason for Disallowance or Denial	RDD	DENY-RDD	3	A	
794	Level of Denial associated with RDD on Disability Claim	M	DENY-RDD-LOD	1	A/N	
795	Deny Data occurs 2 through 6			155		

Location	Field Name	Action	Acronym	Size	Type	Format
	147 DEVELOP DIB DATA					
	Occurs 5 times of 5					
950	Number of DDIB data fields		NDDIB	1	N	
951	Develop DIB Suspension Effective Date		DDIB-SUSPEFF	6	N	CCYYMM
957	Develop DIB Resumption Request Input Date		DDIB-RESUMREQ	6	N	CCYYMM
963	Develop DIB occurs 2 through 5			48		
	148 CONTINUING DIB INVESTIGATION DATA					
	Occurs 5 times of 5					
1011	Number of CDIB Data fields		NCDIB	1	N	
1012	CDR Suspension Effective Date		CDIB-SUSPEFF	6		CCYYMM
1018	CDR Suspension Reason		CDIB-SUSPRSN	1	A/N	
1019	CDR Resumption Request Input Date		CDIB-RESUMREQ	6		CCYYMM
1025	CDR Data occurs 2 through 5			52		
	065 BENEFICIARY OVER/UNDERPAYMENT DATA					
1077	Due Process Overpayment		DPO	8	N	$$$$$$cc
1085	Due Process Recovery Date		DPRD	6	N	CCYYMM
1091	Due Process Overpayment Type		DPOT	2	A/N	
1093	Due Process Withholding Amount		DWA	4	N	$$$$
1097	Protest Indicator		PROTEST	1	A/N	
	066 REPRESENTATIVE PAYEE DATA					
1098	Date of Selection		DOS	6	N	CCYYMM
1104	Type of Payee		TOP	1	A/N	
1105	Custody Code		CC	1	A/N	
1106	Guardian Status		GS	1	A/N	
1107	Year Initial Payee Selected		YIPS	4	N	CCYY
	072 SECURITY INCOME DATA					
1111	Security Income File Type		SIFT	1	A/N	
1112	Security Income Status Code		SISC	1	A/N	
	075 BENEFICIARY REFERENCE DATA					
1113	Beneficiary's Own Account No. (CAN if BIC = A)	*	BOAN	9	N	
	076 DATE OF DEATH DATA					
1122	Beneficiary Date of Death	*	BDOD	8	N	CCYYMMDD
	081 DEMONSTRATION PROJECT DATA					
1130	Demonstration Project Indicator		DPI	2	A/N	
1132	Demonstration Project Start Date		DST	6	N	CCYYMM
1138	Demonstration Project Stop Date		DSP	6	N	CCYYMM

Disabled Beneficiaries and Dependents MBR (DBADMBR) File

DRAFT **Record Description (MBR V14 subversion changes)** Rev. 9/11/2007

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Location	Field Name	Action	Acronym	Size	Type	Format
	088 DISABILITY DATA					
	Occurs 6 times of 12					
1144	Number of Disability Data Fields		NDIB	2	N	
1146	Diagnosis Code		DIG	4	A/N	
1150	Secondary Diagnosis Code		SDIG	4	A/N	
1154	Date of Entitlement to DIB		DOED	6	N	CCYYMM
1160	Date of Disab. Benefit Cessation		DDBC	6	N	CCYYMM
1166	Disability Adjudication Date		DSD	6	N	CCYYMM
1172	Hearing Decision Date		HDD	6	N	CCYYMM
1178	SGA Disability Suspension		SDS	6	N	CCYYMM
1184	Applicant's Disability Cessation		ADC	6	N	CCYYMM
1190	Appeals Decision Date		APS	6	N	CCYYMM
1196	Date of Disability Onset		DDO	8	N	CCYYMMDD
1204	Disability Award Code		DAC	1	A/N	
1205	Level of Denial Code		LOD	1	A/N	
1206	Basis for Denial Code		BDC	2	A/N	
1208	Cessation of Disability Reason		CDR	1	A/N	
1209	Pending Appeals Review		PRY	1	A/N	
1210	EPE Begin Date		EBD	6	N	CCYYMM
1216	EPE Medicare Begin Date		EMD	6	N	CCYYMM
1222	Drug Addiction / Alcoholism Code of Disability		DAA	1	A/N	
1223	Disability Data occurs 2 through 6			385		
	091 CROSS-REFERENCE DATA					
	Occurs 3 times of 9					
1608	No. of Cross-Reference Fields		NXRD	1	N	
1609	Cross-reference Type Code		XRTC	1	A/N	
1610	Cross-reference Account Number		XRAN	9	A/N	
1619	Cross-reference Beneficiary Identifiction Number (BIC)		XBIC	2	A/N	
1621	Cross-ref. Occurs 2 through 3			24		
	093 DUAL ENTITLEMENT DATA					
	Occurs 2 times of 2					
1645	No. of Dual Entitlement Fields		NDED	1	N	
1646	Type of Dual Entitlement		TOD	1	A/N	
1647	Other Account Number		OTAN	9	A/N	
1656	Other Beneficiary Identification Code		OTBIC	2	A/N	
1658	Other Date of Entitlement		OTDOE	6	N	CCYYMM
1664	Other Primary Insurance Amount		OTPIA	5	N	$$$$c
1669	Larger Full Monthly Benefit Amount		LFMBA	5	N	$$$$c
1674	Larger Excess Monthly Benefit Amount		LEMBA	5	N	$$$$c
1679	Smaller Full Monthly Benefit Amount		SFMBA	5	N	$$$$c
1684	Smaller Actuarially Reduced Monthly Benefit Amount		SAMBA	5	N	$$$$c
1689	Dual Entitlement Status Code		DESC	1	A/N	
1690	Dual Entitlement Data occurs 2			44		
	095 ENFORCEMENT DATA					
	Occurs 5 times of 5					
1734	No. of Enforcement Fields		NENFD	1	N	
1735	Year of Enforcement		YOE	4	N	CCYY
1739	Year of Enforcement Selection.		YOES	4	N	CCYY
1743	Total Enforceable Earnings		TEE	7	N	$$$$$$$
1750	Enforcement Category Code		ECC	2	A/N	
1752	Enforcement Selection Operation Code		ESOC	1	A/N	
1753	Earnings Posted Type		EPT	1	A/N	
1754	Enforcement Data occurs 2 through 5			76		

Location	Field Name	Action	Acronym	Size	Type	Format
	096 HISTORY DATA					
	Occurs 35 times of 72					
1830	Number of History Fields		NHIST	2	N	
1832	Effective Date		EFD	6	N	CCYYMM
1838	Monthly Benefit Amount		MBA	5	N	$$$$c
1843	Reason for Deduction		RFD	1	A/N	
1844	Work Indication Code		WIC	1	A/N	
1845	Benefit Paid Designation Indicator		BPD	1	A/N	
1846	Monthly Benefit Credited		MBC	5	N	$$$$c
1851	Historical Reason for Suspension or Termination	RFST	HRFST	6	A/N	
1857	History Data occurs 2 through 35			850		
	098 DISABILITY TEST PROCESS DATA					
	Occurs 5 times of 5					
2707	Number of Disability Test Process Data Fields		NDTPD	1	N	
2708	Test Process Indicator		TPI	1	A/N	
2709	Date Claim Filed		DCF	6	N	CCYYMM
2715	Disability Test Data occurs 2 through 5			28		
	105 HOSPITAL INSURANCE DATA					
	Occurs 5 times of 10					
2743	Number of Health Insurance Fields		NHI	2	N	
2745	HI Enrollment Month		HI-START	6	N	CCYYMM
2751	HI Termination Month		HI-TERM	6	N	CCYYMM
2757	HI Basis Type		HI-BASIS	1	A/N	
2758	HI Non Coverage Reason Type		HI-NONCOVRSN	1	A/N	
2759	Hospital Insurance occurs 2 through 5			56		
	109 SUPPLEMENTAL MEDICAL INSURANCE					
	Occurs 5 times of 20					
2815	Number of Supplementary Medical insurance Fields		NSMI	2	N	
2817	SMI Enrollment Effective Month		SMI-START	6	N	CCYYMM
2823	SMI Termination Month		SMI-TERM	6	N	CCYYMM
2829	SMI Basis Type		SMI-BASIS	1	A/N	
2830	SMI NON Coverage Reason Type		SMI-NONCOVRSN	1	A/N	
2831	Supplemental Med. Insurance occurs 2 through 5			56		
	025 DRAMS PRIOR PERIOD OF DISABILITY					
	Occurs 4 times of 4					
2887	Number of DRAM Data Fields		NDRAM	1	N	
2888	Prior DIB Start Date		PDST-REL	6	N	CCYYMM
2894	Prior DIB End Date		PDED-REL	6	N	CCYYMM
2900	Prior DIB Source		PDSOURCE	1	A/N	
2901	DRAMS occurs 2 through 4			39		

Disabled Beneficiaries and Dependents MBR (DBADMBR) File

DRAFT **Record Description (MBR V14 subversion changes)** Rev. 9/11/2007
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Location	Field Name	Action	Acronym	Size	Type	Format
	121 CITIZENSHIP DATA (last occurrence of 3)					
2940	Number of Citizenship Fields		NCTZN	1	N	
2941	Citizenship Start Date		CTZN-START	8	N	CCYYMMDD
2949	Citizenship Stop Date		CTZN-STOP	8	N	CCYYMMDD
2957	Citizenship Country Name		CTZN-COUNTRY	2	A/N	
2959	Citizenship Proof Indicator	CTZN-PROOF	CTZN-USPROOF	1	A/N	
	122 LAWFUL PRESENCE DATA (last occurrence of 10)					
2960	Number of Lawful Presence Data Fields		NLWPR	2	N	
2962	Lawful Presence Effective Date		LWPR-START	8	N	CCYYMMDD
2970	Lawful Presence Stop Date		LWPR-STOP	8	N	CCYYMMDD
2978	Lawful Presence Proof Indicator		LWPR-PROOF	1	A/N	
2979	LWPR Status	LWPR-PERM-TYPE	LWPR-STATUS	1	A/N	
	168 TRIAL WORK PERIOD FRAUD DATA					
2980	No. of Trial Work Period Fraud Data Groups		NTWPF	1	N	
2981	Filler	S	-----	20	A/N	

==========

Record length = 3000 characters

Sequence = CAN / DOB / SEX / BIC / LAF

Multi occurrence fields are in most current to oldest sequence.

Date of File Selection	SEL-DATE	Date of data on file
Primary Insurance Amount (MBC's PIA)	PIA	Governing PIA amount
Beneficiary's Own Account No.	BOAN	If BIC = A, fill with CAN
Beneficiary Date of Death	BDOD	If BDOD = blank and BIC = A, fill with DODP
First Payment Cycle Current Operating Month	FPCCOM	Earliest date in either PCCOM or HPCCOM
First Payment Cycle Change Reason	FPCCR	Reason code in either PCCR or HPCCR associated with the earliest PCCOM or HPCCOM date
* ZIPcode	* ZIP	If ZIP blank, use RZIP if present

* = Not directly derived from MBR

B = MBR 'BIT' fields, see Bit Field Criteria's

F = Field name change - this record

M = Modified field - this record

N = New field - this record

S = Size change - this record

BLUE = New or Modified field - this record

APPENDIX M

FILE LAYOUT OF THE PHUS: PAYMENT HISTORY UPDATE SYSTEM

Start Position	End Position	Field Size	Program Mnemonic	Field Description
1	19	19	REC-ID	LINKING-ID NUMBER
20	21	2	YEAR	Panel Year
22	27	6	EXTRACT-DATE	Date Record extracted from master files (MMCCYY)
28	1875	1848	DIRECT-PAY	MONTHLY BENEFITS PAID (01/84 – 12/05) (EACH ENTRY 7 POSITIONS - $$$$$$C, there are 264 entries.)
1876	3195	1320	MEDICARE	MONTHLY HI-SMI CHARGES (01/84 – 12/04) (EACH ENTRY 5 POSITIONS - $$$$C, there are 264 entries.)

DIRECT PAY***

ADD – Duplicate Checks (010), Recurring Payment(014), pos. Death Adjustments (024), CSP SAC X TO (029), Check not held (030), PMA Check (042), PCMA Check (043), RCMA Check (044), SAC X FROM (052), DO Payment (057), RRB Ret Check Reissue (084), RRB Payment (087), CO DUP CHK (253, 254, 255).

SUBTRACT – Wrong Check Held (031), PCMA Hold (047), RCMA Hold (048), CPS Non Receipt (170), PMA Benefit Payment Offset (BPO) (142), CMA BPO (143), Recurring PMT BPO (144).

MEDICARE

ADDS – Premium Deductions/Refunds (020), HI SMI Amount (HSA) in 014, 043 and 044.

SUBTRACTS – neg. Premium Refund Actions (039), HSA in 047 and 048.

****Recurring Payment event 014 is built using the MBP. Direct Pay does not include Medicare amounts.*

APPENDIX N

FILE LAYOUT OF THE EN PAYMENTS FILES

Field Name	Description	Data Type	Format	Derivation Rules
EN Name	Name of the Employment Network	Character		Display the name of the Employment Network PCDTKT.MAIN.ENET_NM where PCDTKT.PMTFL.EIN = PCDTKT.MAIN.EIN
EIN	Employer Identification Number provided by the IRS. Tax ID #)	Character		Display the Employer Identification Number PCDTKT.PMTFL.EIN (Automated Payments) or ENET_MANL_PMT.ENET_EIN (manual payments)
Pay Type	Payment option selected by the EN.	Character		Display the payment type code Automated Payments – If PCDTKT.PMTFL.TKT_PMT_TYP = M or B AND PMTFL.MLSTON_NUM > 0, display MO, else if PCDTKT.PMTFL.TKT_PMT_TYP = O, display O, else if PCDTKT.PMTFL.TKT_PMT_TYP = R, display R Manual Payments – Display ENET_PMT_CLM.PMTHD_TYP Values: TKT_PMT_TYP: M = Milestone Payment (Not Blind) O = Outcome Payment B = Milestone Payment (Blind) R = Reconciliation Payment PMTHD_TYP M = Milestone Payment O = Outcome Payment

Field Name	Description	Data Type	Format	Derivation Rules
				R = Reconciliation Payment
Pay Num	Phase number, Ticket Payment Type and sequential payment number that was paid to the EN. Also included, phase number, Employment Network Payment Determination Code Type equal to "P."	Character		Phase/Milestone Derivation Automated Payments: If PCDTKT.PMTFL.MLSTON_NUM = 1 - 4, Display "PH1-M" PCDTKT.PMTFL.MLSTON_NUM For Example: PH1-M2 If PCDTKT.PMTFL.MLSTON_NUM > 4, Display "PH2-M" PCDTKT.PMTFL.MLSTON_NUM minus 4 For Example: PH2-M5 Manual Payments: If ENET_PMT_CLM.MLSTON_NUM = 1 - 4, display "PH1-M" ENET_PMT_CLM.MLSTON_NUM For Example: PH1-M2 If ENET_PMT_CLM.MLSTON_NUM > 4, display "PH2-M" ENET_PMT_CLM.MLSTON_NUM For Example: PH2-M5 Outcome Derivation Automated Payments: If PCDTKT.PMTFL.MLSTON_NUM = 0, Display PCDTKT.PMTFL.TKT_PMT_TYP, PCDTKT.PMTFL.ACTL_PMT_NUM For Example: O2 Manual Payments:

Field Name	Description	Data Type	Format	Derivation Rules
				If ENET_PMT_CLM.PMTHD_TYP = O, display ENET_PMT_CLM.PMTHD_TYP ENET_MANL_PMT.OUTCM_NUM For Example: O2 Reconciliation Derivation Automated Payments: If PCDTKT.PMTFL.TKT_PMT_TYP = R, display PCDTKT.PMTFL.TKT_PMT_TYP ”1” For example: R1 Manual Payments: If ENET_PMT_CLM.PMTHD_TYP = R, display ENET_PMT_CLM.PMTHD_TYP “1” For Example: R1
Beneficiary Name)	First and Last Name of the Beneficiary	Character (35)		Display the beneficiary first name, middle initial, and last name VSAM_CDRH.CLNT.FNM, VSAM_CDRH.CLNT.MNM (1st position), VSAM_CDRH.CLNT.LNM
SSN	Beneficiary’s Social Security Number	Character		Display the beneficiary’s SSN PCDTKT.PMTFL.COSSN or ENET_MANL_PMT.COSSN (Manual payments)
Month/Yr	Month/Year the payment is requested for by the EN	Character	MM-YY	PCDTKT.PMTFL.CLM_CDT (Automated payments) or Enet_Manl_Pmt.Clm_Mdt (Manual payments)

Field Name	Description	Data Type	Format	Derivation Rules
				For example: 05-08
Pay Amt	Payment Amount made to the EN	Character	$9,999.99	PCDTKT.PMTFL.TKT_PAID_AMT (Automated payments) or ENET_MANL_PMT.MANL_PMT_AMT (Manual payments
Pay Date)	Date the payment was processed by the treasury (The SSOARS system updates the DCF when payment is processed)	Character	MM/DD/CCYY	PCDTKT.PMTFL.TKT_PMT_DT (Automated payments or ENET_MANL_PMT.MANL_PMT_DT (Manual payments
Triggered By	Who authorized the payment: OESP or OSM	Character		If PCDTKT.PINTBL.OCD = M97, MAX, or SDF then display “OSM” else If PCDTKT.PINTBL.OCD = L11, 273, or PC7 then display “SSA” else display “OTHER” Values: OCD M97, MAX, SDF = OSM L11, 273, or PC7 = SSA

APPENDIX O

FILE LAYOUT OF THE RSA- 911 PAYMENTS FILES

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE
RSA-PD-99-09
Date: September 8, 1999

ADDRESSEES:
STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS (RRCEPS)
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICE PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Announcement of OMB Approval for Continued Collection of the Case Service Report (RSA-911), OMB Number: 1820-0508

POLICY STATEMENT:

This is to inform you that the RSA-911, Case Service Report, has been approved by the Office of Management and Budget through January 31, 2000. Please use this form to report on individuals whose service records were closed in FY 1999 and continue to use this form to report FY 2000 data. The instructions for this report form are identical to those transmitted to you under RSA-PD-95-04, dated May 1, 1995, and RSA-PD-97-02 dated March 12, 1997.

The due date for submitting the RSA-911 data remains as November 30, following the end of a fiscal year. State VR agencies should examine their data for accuracy before submitting it to RSA by the deadline of November 30. An edit program was provided to each State VR agency on diskette. When the proposed Evaluation Standards and Performance Indicators under Section 106 of the Rehabilitation Act become final, it is very likely that failure to meet this deadline for submitting data in a valid, accurate, and consistent format will result in the State VR agency being required to develop a program improvement plan.

We expect revised RSA-911 instructions to be issued by the end of this calendar year. In order to give State agencies adequate time to implement these new instructions, we expect that FY 2001 will be the first year that data will be collected and reported in accordance with the new instructions.

Submitting RSA-911 data on diskette or CD-ROM is now preferred to magnetic tape. All submittals, in whatever form, should be sent to:

Rehabilitation Services Administration
Office of Program Operations
Basic State Grants Branch
Statistical Unit
Switzer Building, Room 3211
330 C Street S.W.
Washington, DC 20202-2735

CITATIONS IN LAW: Sections 12(a), 13, 14(a), 101(a)(10), 131 and 626 of the Rehabilitation Act of 1973, as amended, and the Paperwork Reduction Act of 1995, as amended.

CITATIONS IN REGULATIONS: 34 CFR 361.38, 361.40, and 361.56

EXPIRATION DATE: January 31, 2000

INQUIRIES TO: RSA Central Office (202-245-7488) or Regional Offices.

Fredric K. Schroeder, Ph.D.
Commissioner

Enclosure
Cc: CSAVR
NAPAS
NCIL
NRFC

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from current RSA-911
Agency code	2-3	
Cost of case services	77-81	
Date of application	14-19	
Date of birth	20-25	
Date of closure	124-129	
Date of eligibility	65-70	New data element.
Highest grade completed	33-34	Code XX for special education no longer confined to persons with mental retardation.
Hispanic origin	29	
Hours worked (application)	56-57	
Hours worked (closure)	114-115	
Major disabling condition	46-48	Clarifies reporting for TBI.
Marital status	28	
Medical insurance (application)	63	
Medical insurance (closure)	132	
Medical insurance available through job (application)	64	
Medical insurance available through job (closure)	133	
Migratory agricultural worker	138	
Monthly public assistance amount (application)	58-60	
Monthly public assistance amount (closure)	116-118	
Multiple closure code	13	
Occupation (closure)	82-87	
Personal assistance services	140	New data element-includes codes for readers, interpreters, and attendants.
Previous closure status	30	Clarifies item to show that codes pertain to the most recent active case closure.
Previous employment status	71	New data element-if ever worked.
Primary source of support (application)	61-62	
Primary source of support (closure)	119-120	
Projects-with-Industry	139	
Race	27	

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from current RSA-911
Reason for closure	122-123	Deletes one code made obsolete by the 1992 Amendments.
Record identifier	1	
Rehabilitation technology services	141-143	New data element.
a. Rehabilitation engineering	141	
b. Assistive tech devices	142	
c. Assistive tech services	143	
Secondary disabling condition	49-51	Clarifies reporting for TBI.
Services provided	88-100	Reduces number of codes for reporting services from 8 to 2 (whether provided or not).
a. Assessment	88	Formerly diagnosis/evaluation.
b. Restoration	89	No longer includes devices.
c. College/university training	90	
d. Business/vocational training	91	
e. Adjustment training	92	No longer includes training in the use of devices.
f. On-the-job training	93	
g. Miscellaneous training	94	
h. Counseling & guidance	95	Narrows reporting to cases where C&G is substantial.
i. Job-finding services	96	Expands "job referral" to include other job help services.
j. Job placement	97	
k. Transportation	98	
l. Maintenance	99	
m. Other services	100	No longer includes reader and interpreter services.
Severe disability	135	Applies Sec. 7(15) definition. (Current definition abolished.)
Sex	26	
Social Security Account Number	4-12	Adds RSA-SSA Data Exchange as another rationale for item.
Source of referral	31-32	
Supported employment status	130	
Supported employment outcome	131	

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from current RSA-911
Type of closure whose VR was delayed because of order of selection.	121	Adds closure code for eligible persons
Type of facility/agency furnishing service	101-109	
a. Educational institution	101	
b. Business/vocational school	102	
c. Hospital/sanatorium	103	
d. Health organization/agency	104	
e. Community rehabilitation program	105	Formerly "rehabilitation facility".
f. Welfare agency	106	
g. Other public agency	107	Clarifies that "other" excludes respondent.
h. Other private agency	108	
i. Individuals	109	
Type of institution	44-45	
Type of public support during VR:	35-43	
a. SSI-aged	35	
b. SSI-blind	36	
c. SSI-disabled	37	
d. AFDC	38	
e. General assistance	39	
f. SSDI	40	
g. Veterans disability	41	
h. Other disability	42	
i. Other public support	43	
Veteran status	134	
Weekly earnings (application)	53-55	Code XXX for farmer's profits is eliminated.
Weekly earnings (closure)	111-113	Code XXX for farmer's profits is eliminated.
Work status (application)	52	Sheltered workshop work is now "extended employment".
Work status (closure)	110	Sheltered workshop work is now "extended employment".
Year last employed	72-73	New data element.

Reporting Manual for the

CASE SERVICE REPORT

(RSA-911)

STATE-FEDERAL PROGRAM OF

VOCATIONAL REHABILITATION

Reporting Manual for the Case Service Report (RSA-911)

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25. Date of eligibility for VR **(65-70)** 30
26. Previous employment status **(71)** 30
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34. Weekly earnings at closure **(111-113)** 39
35. Hours worked at closure **(114-115)** 39
36. Monthly public assistance amount at closure **(116-118)** 40
37. Primary source of support at closure **(119-120)** 41

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43. Medical insurance coverage at closure **(132)** 46
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***** **Comparison checks between data elements--designed to enhance reporting consistency and reasonableness--are interspersed throughout Sections C and D. Section E contains the same crosschecks in one place for the convenience of State agency staff involved in data quality assurance activities.**

RP	ELEMENT	
1	"*" ID Single Record Format	
2	Agency Code	
3		
4	Social Security Account Number	
5		
6		
7		
8		
9		
10		
11		
12		
13	Multiple Closure Code	
14	Month	DATE OF APPLICATION
15		
16	Day	
17		
18	Year	
19		
20	Month	DATE OF BIRTH
21		
22	Day	
23		
24	Year	
25		
26	Sex	
27	Race	
28	Marital Status	
29	Hispanic Origin	
30	Previous Closure Status	
31	Referral Source	
32		
33	Highest Grade Completed	
34		
35	SSI-Aged	PUBLIC SUPPORT DURING VR
36	SSI-Blind	
37	SSI-Disabled	
38	AFDC	
39	General Assistance	
40	SSDI	
41	Veteran's Disability	
42	Other Disability	
43	Other Public Support	
44	Type of Institution	
45		

RP	ELEMENT	
46	Major Disabling Condition	
47		
48		
49	Secondary Disabling Condition	
50		
51		
52	Work Status	At Application
53	Weekly Earnings	
54		
55		
56	Hours Worked	
57		
58	Monthly Public Assistance Dollars ($)	
59		
60		
61	Primary Source Of Support	
62		
63	Medical Insurance Coverage	
64	Insurance Avail. On Job	
65	Month	Date of Eligibility
66		
67	Day	
68		
69	Year	
70		
71	Previous Employment Status	
72	Year Last Employed	
73		
74	RESERVED FOR FUTURE USE	
75		
76		
77	Cost of Case Services	
78		
79		
80		
81		
82	Occupation at Closure	
83		
84		

RP	ELEMENT	
85		
86		
87		
88	Assessment	Service Types
89	Restoration	
90	College/University Training	
91	Business/Vocational Training	
92	Adjustment Training	
93	On-the-job Training	
94	Miscellaneous Training	
95	Counseling - substantial	
96	Job-Finding Services	
97	Job Placement	
98	Transportation	
99	Maintenance	
100	Other Services	
101	Educational Institutions	Service Sources
102	Business/Vocational School	
103	Hospital/Sanatorium	
104	Health Organization/Agency	
105	Community Rehab Program	Service Sources
106	Welfare Agency	
107	Other Public Agency	
108	Other Private Agency	
109	Individuals (Private)	
110	Work Status	At Closure
111	Weekly Earnings	
112		
113		
114	Hours Worked	
115		
116	Monthly Public Assistance Dollars ($)	
117		
118		
119	Primary Source Of Support	
120		

RP	ELEMENT	
121	Type of Closure	
122	Reason for Closure	
123		
124	Month	Date of Closure
125		
126	Day	
127		
128	Year	
129		
130	Supported Employment Status	
131	Supported Employment Outcome	
132	Medical Insurance Coverage at Closure	
133	Insurance Avail. On Job at Closure	
134	Veteran Status	
135	Severe Disability	
136	RESERVED FOR FUTURE USE	
137		
138	Migratory Agricultural Worker	
139	Projects-with-Industry	
140	Personal Assistance Services	
141	Rehabilitation Engineering	
142	Assistive Technology Devices	
143	Assistive Technology Services	
144	RESERVED FOR FUTURE USE	
145		
146		
147		
148		
149		
150		

Listing of RSA-911 Data Elements: Their Record Position/s (RP), Applicable Closure Codes and Page Where Defined

Data Element number*	Data element name	Located in RP	Applies to closure codes	Found on page number
2.	Agency code	2-3	1-6	3
29.	Cost of case services	77-81	1-6	30
5.	Date of application	14-19	1-6	4
6.	Date of birth	20-25	1-6	4
40.	Date of closure	124-129	1-6	44
25.	Date of eligibility	65-70	3-6	30
13.	Highest grade completed	33-34	1-6	7
10.	Hispanic origin	29	1-6	5
20.	Hours worked (application)	56-57	1-6	26
35.	Hours worked (closure)	114-115	3	39
16.	Major disabling condition	46-48	1-6	10
9.	Marital status	28	1-6	5
23.	Medical insurance (application)	63	3-6	28
43.	Medical insurance (closure)	132	3	46
24.	Medical insurance available through job (application)	64	3-6	29
44.	Medical insurance available through job (closure)	133	3	46
48.	Migratory agricultural worker	138	1-6	48
21.	Monthly public assistance amount (application)	58-60	3-6	26
36.	Monthly public assistance amount (closure)	116-118	3	40
4.	Multiple closure code	13	1-6	4
30.	Occupation (closure)	82-87	3	31
50.	Personal assistance services	140	3-5	48
11.	Previous closure status	30	3-6	6
26.	Previous employment status	71	3-6	30
22.	Primary source of support (application)	61-62	3-6	28
37.	Primary source of support (closure)	119-120	3	41
49.	Projects-with-Industry	139	1-6	48

* Represents field sequence in the RSA-911 format.
(See end of data element listing for closure code designations.)

Listing of RSA-911 Data Elements: Their Record Position (RP), Applicable Closure Codes and Page Where Defined

Data Element number*	Data element name	Located in RP	Applies to closure codes	Found on page number
8.	Race	27	1-6	5
1.	Record identifier	1	1-6	3
39.	Reason for closure	122-123	1,2,4-6	42
51.	**Rehabilitation technology services provided**	**141-143**	**3-5**	**49**
	a. Rehabilitation engineering	141	3-5	50
	b. Assistive technology devices	142	3-5	50
	c. Assistive technology services	143	3-5	50
28.	Reserved for future use	74-76	N/A	30
47.	Reserved for future use	136-137	N/A	48
52.	Reserved for future use	142-150	N/A	50
17.	Secondary disabling condition	49-51	1-6	11
31.	**Services provided (other than personal assistance and rehabilitation technology)**	**88-100**	**3-5**	**33**
	a. Assessment	88	3-5	33
	b. Restoration	89	3-5	33
	c. College/university training	90	3-5	33
	d. Business/vocational training	91	3-5	33
	e. Adjustment training	92	3-5	34
	f. On-the-job training	93	3-5	34
	g. Miscellaneous training	94	3-5	34
	h. Counseling/guidance-substantial	95	3-5	34
	i. Job-finding services	96	3-5	34
	j. Job placement	97	3-5	35
	k. Transportation	98	3-5	35
	l. Maintenance	99	3-5	35
	m. Other services	100	3-5	35
46.	Severe disability	135	1-6	47
7.	Sex	26	1-6	4
3.	Social Security Account Number	4-12	1-6	4
12.	Source of referral	31-32	1-6	6
41.	Supported employment status	130	3-6	45
42.	Supported employment outcome	131	3-6	45

* Represents field sequence in the RSA-911 format.

N/A Not applicable

(See end of data element listing for closure code designations.)

Listing of RSA-911 Data Elements: Their Record Position (RP), Applicable Closure Codes and Page Where Defined

Data Element number*	Data element name	Located in RP	Applies to closure codes	Found on page number
38.	Type of closure	121	1-6	42
32.	**Type of facility/agency furnishing service:**	**101-109**	**3-5**	**35**
	a. Educational institution	101	3-5	36
	b. Business/vocational school	102	3-5	36
	c. Hospital/sanatorium	103	3-5	36
	d. Health organization/agency	104	3-5	36
	e. Community Rehab. Program	105	3-5	37
	f. Welfare agency	106	3-5	37
	g. Other public agency	107	3-5	37
	h. Other private agency	108	3-5	37
	i. Individuals	109	3-5	37
15.	Type of institution	44-45	3-6	9
14.	**Type of public support during VR:**	**35-43**	**3-6**	**8**
	a. SSI-aged	35	3-6	8
	b. SSI-blind	36	3-6	8
	c. SSI-disabled	37	3-6	8
	d. AFDC	38	3-6	8
	e. General assistance	39	3-6	8
	f. SSDI	40	3-6	8
	g. Veterans disability	41	3-6	8
	h. Other disability	42	3-6	8
	i. Other public support	43	3-6	9
45.	Veteran status	134	1-6	47
19.	Weekly earnings (application)	53-55	3-6	25
34.	Weekly earnings (closure)	111-113	3	39
18.	Work status (application)	52	3-6	23
33.	Work status (closure)	110	3	37
27.	Year last employed	72-73	3-6	30

* Represents field sequence in the RSA-911 format.

Closure Codes:

1 Not accepted for services (Status 08 from Status 02)
2 Not accepted for services (Status 08 from Status 06)
3 Rehabilitated (Status 26)
4 Not rehabilitated (Status 28)
5 Not rehabilitated (Status 30)
6 Closed from pre-service listing (Status 38 from Status 04)

Element-by-Element Instructions:

CASE SERVICE REPORT

(RSA-911)

CASE SERVICE REPORT (RSA-911): ELEMENT-BY-ELEMENT INSTRUCTIONS

1. Record Identifier: Record Position 1

Enter * (asterisk) to indicate the beginning of a new record.

2. Agency Code: Record Positions 2 - 3

Enter the two-digit code assigned to each State rehabilitation agency from the following list. Please note that codes have been pre-assigned to non-existing agencies for the blind in the event that they are established in the future.

State or Territory	Agency Code General/ Combined	Agency Code Blind	State or territory	Agency Code General/ Combined	Agency Code Blind
Alabama	00	5A	Nebraska	26	76
Alaska	XX	5B	Nevada	27	77
American Samoa	60	5C	New Hampshire	28	78
Arizona	01	52	New Jersey	29	79
Arkansas	02	53	New Mexico	30	80
California	03	54	New York	31	81
Colorado	04	55	North Carolina	32	82
Connecticut	05	56	North Dakota	33	83
Delaware	06	57	Northern Marianas	GG	5G
Dist. of Columbia	07	5D	Ohio	34	84
Florida	08	58	Oklahoma	35	85
Georgia	09	59	Oregon	36	86
Guam	YY	62	Pennsylvania	37	87
Hawaii	10	63	Palau	99	5H
Idaho	11	61	Puerto Rico	38	88
Illinois	12	5E	Rhode Island	39	89
Indiana	13	5F	South Carolina	40	90
Iowa	14	64	South Dakota	41	91
Kansas	15	65	Tennessee	42	92
Kentucky	16	66	Texas	43	93
Louisiana	17	67	Utah	44	94
Maine	18	68	Vermont	45	95
Maryland	19	69	Virginia	46	96
Massachusetts	20	70	Virgin Islands	51	5J
Michigan	21	71	Washington	47	97
Minnesota	22	72	West Virginia	48	98
Mississippi	23	73	Wisconsin	49	5K
Missouri	24	74	Wyoming	50	5L
Montana	25	75			

3. Social Security Account Number: Record Positions 4 - 12

Enter the client's nine-digit Social Security Account number (SSAN). Every effort should be made to determine and accurately record this number as it will be used (a) for record control purposes, such as culling out duplicates, and (b) to satisfy the requirements of Section 141 of the Rehabilitation Act, as amended, for the exchange of data between the Social Security Administration and the Rehabilitation Services Administration.

In the absence of the SSAN, a unique nine-digit number must be assigned. Agencies are asked to insure that this unique number does not inadvertently duplicate a genuine SSAN. This can be accomplished by starting the nine-digit number with a Code 8 or 9 in RP 4. For Closure Code 1 (Status 08 from Status 02), an alpha code may be inserted in RP 4. The assignment of unique nine-digit numbers will technically be considered "errors" for editing purposes, but it is understood that the SSAN will not be available in certain instances.

4. Multiple Closure Code: Record Position 13

Enter a one-digit code to indicate that the reported data pertain to the first, second, third or fourth case closure for the same individual in the Federal fiscal year of reference. Multiple Closure Code will be used to prevent cases with identical Social Security Account Numbers from being edited out as duplicates when other closures for the same individual have occurred during the fiscal year. Enter Code O to indicate the first case closure for the individual during the fiscal year, Code 1 to designate a second closure, Code 2 a third closure, and Code 3 a fourth closure.

5. Date of Application: Record Positions 14 - 19

Enter the month, day and year in which the individual applied for vocational rehabilitation services and is considered to be in Status 02. The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two digits to the day (e.g., the seventh = 07), and the last two digits to the year.

6. Date of Birth: Record Positions 20 - 25

Enter the month, day, and year of the individual's birth. The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two digits to the day (e.g., the seventh = 07), and the last two digits to the year.

7. Sex: Record Position 26

Enter Code 1 for males and Code 2 for females.

8. Race: Record Position 27

Enter one of the following one-digit codes:

1 White
2 Black
3 American Indian or Alaskan Native
4 Asian or Pacific Islander

These definitions apply:

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black: A person having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through affiliation or community recognition.

Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Do not use the item on Race to report Hispanic Origin. The latter is to be reported in RP 29.

9. Marital Status: Record Position 28

Enter a one-digit code to indicate the individual's marital status at the time of application for services. The codes for this item are:

1 Married
2 Widowed
3 Divorced
4 Separated
5 Never Married

Persons in common law marriages should be coded 1 (married) and persons whose only marriage has been annulled should be coded 5 (never married).

10. Hispanic Origin: Record Position 29

Enter Code 1 for a person of Hispanic origin and Code 2 for a person who is not of Hispanic origin. A person is considered to be Hispanic if he or she is of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

Report the race for persons of Hispanic Origin in RP 27.

11. Previous Closure: Record Position 30

Enter a one-digit code to indicate whether the individual was previously rehabilitated (Status 26) or not rehabilitated (Statuses 28 and 30) within 36 months of the most recent date of application. If more than one closure into Status 26, 28, or 30 occurred in this time span, code for the last closure only. The following three codes apply:

1 Not previously closed into any of Statuses 26, 28, or 30 within 36 months of last application date
2 Previously closed rehabilitated (Status 26)
3 Previously closed not rehabilitated (Statuses 28 and 30)

12. Source of Referral: Record Positions 31 - 32

Enter a two-digit code designating the agency, organization, institution, or person initially bringing the applicant to the attention of the State rehabilitation agency. Wherever possible and appropriate, record an agency, organization or institution rather than an individual as the source of referral. For example, if a State employment service employee refers a person to the State rehabilitation agency, the proper referral source would be the State employment service (Code 53) and not an individual. An effort should be made, also, to ascertain whether the coding for an applicant appearing to be self-referred might more properly be assigned to an agency, organization or institution. The following referral source codes apply:

(1-) Educational Institutions (public and private)

10 College or university (institution offering higher than secondary education, including junior college)
12 Vocational school (including business, trade, and other technical school)
14 Elementary or high school
16 School for persons with physical or mental disabilities
19 Other educational institution

(2-) Hospitals and Sanatoriums (public and private)

20 Mental hospital
22 Other chronic condition or specialized hospital or sanatorium
24 General hospital
29 Other hospital or clinic (except public health clinic, Code 38)

(3-) Health Organizations and Agencies

30 Community rehabilitation program (except community mental health center, Code 32)
32 Community mental health center
34 State crippled children's agency
38 Other public health department, organization, or agency (including public health nurse or clinic)
39 Other private health organization or agency

(4-) Welfare Agencies

40 Public welfare agency (State and local government)
44 Private welfare agency (including labor union welfare funds and civic or community welfare organization)

(5-) Public Organizations and Agencies (not specifically educational, health, or welfare)

50 Social Security Disability Determination Service
51 Social Security District Office
52 Workers' compensation agency (Federal and State)
53 State employment service
54 Selective service system
55 State vocational rehabilitation agency
56 Correctional institution, court, or officer (Federal, State and local)
59 Other public organization or agency (including public official not representing above organizations or agencies)

(6-) Private Organizations and Agencies (not specifically educational, health, or welfare)

60 Artificial appliance company
62 Employer
69 Other private organization or agency

(7-) Individuals

70 Self-referral*
72 Physician, not elsewhere classified
79 Other individual, not elsewhere classified

*** Check to see if an agency, organization or institution instead of "self-referral" can properly be coded as the source of referral.**

13. Highest Grade Completed: Record Positions 33 - 34

Enter a two-digit code denoting the highest grade of school completed at the time of application for services for persons educated under a regular educational system. Enter Code XX to represent "special education" in instances where the person was not educated under a regular educational system. "Special education" may apply to individuals of any disability group.

When the individual presents evidence of a level of educational attainment through a GED or an equivalency certification from the Armed Forces, a State Department of Education, or another accredited source which is higher than the level reached through regular schooling, record the higher grade for this item. Fill in the leading zero when it applies. An individual completing 8 grades, for example, should be coded 08, not (blank)8.

14. Type of Public Support Received at Any Time During the Rehabilitation Process: Record Positions 35 - 43

Enter a Code 0 or a Code 1 in each of the nine record positions of which this item is composed to indicate whether the individual received the type of public support in question at any point in the rehabilitation process (at application, at closure, or during the rehabilitation process). Use Code 0 to indicate that the person did not receive the particular type of public support, and Code 1 to indicate that he or she received a support payment from the source cited at some time during the rehabilitation process. One payment is sufficient to establish "receipt".

This item refers to cash payments made by Federal, State and local governments for a variety of reasons such as the individual's disability, age, poverty status, retirement and survivor status. Include, too, instances of payments to a family unit because of the individual's disability, or when the individual's presence is taken into account in the computation of the family benefit. An institutionalized person is also to be reported as a recipient of a given support category if payments are sent directly to him or her in the institution, or to dependents on the individual's behalf.

Exclude as public support for this item any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. If the individual did not receive any of the listed public support payments during the rehabilitation process, a zero would appear in each of the nine record positions. The types of public support are as follows:

RP 35 - Supplemental Security Income (SSI)-Aged
RP 36 - Supplemental Security Income (SSI)-Blind
RP 37 - Supplemental Security Income (SSI)-Disabled
RP 38 - Aid to Families with Dependent Children (AFDC)
RP 39 - General Assistance
RP 40 - Social Security Disability Insurance (SSDI)
RP 41 - Veterans' Disability Benefits
RP 42 - Other Disability Benefits
RP 43 - All Other Public Support Payments

General Assistance (RP 39) is a payment made by a State or local government and would include State supplements to the Federal SSI program.

Veterans' Disability Benefits (RP 41) are payments made by the Department of Veterans Affairs for partial or total disability.

Other Disability Benefits (RP 42) are cash payments to individuals by reason of disability other than those previously listed. Included would be disability payments by (a) Federal, State and local governments for public employee retirement on disability, (b) the Railroad Retirement Board, (c) Workers' compensation agencies and (d) the Social Security Administration under the Black Lung program.

All Other Public Support payments (RP 43) are cash payments to individuals, not listed elsewhere, for any reason other than disability. Included would be retirement and survivor payments made by Federal, State and local governments to the individual. Also included would be unemployment insurance benefits.

Special Crosschecks Between Type of Public Support and Primary Source of Support at Application and at Closure

1. General Assistance (RP 39) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 04 (Public Assistance, Without Federal Funds-General Assistance Only).

2. Social Security Disability Insurance (RP 40) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 07 (Social Security Disability Insurance).

15. Type of Institution at Application: Record Positions 44 - 45

Enter a two-digit code describing the type of institution in which the individual was residing on the date of application to the rehabilitation agency. The item covers group quarters or special living arrangements needed because of disability, health or corrections. A college or school dormitory would not be an institution for this item. Codes for this item are as follows:

00 Not in institution at application
01 Public mental hospital
02 Private mental hospital
03 Psychiatric inpatient unit of general hospital
04 Community mental health center - inpatient
05 Public institution for persons with mental retardation

06 Private institution for persons with mental retardation
07 Alcoholism treatment center
08 Drug abuse treatment center
09 School and other institution for persons who are blind
10 School and other institution for persons who are deaf
11 General hospital
12 Hospital or specialized facility for chronic illness
13 Institution for persons who are aged
14 Halfway house
15 Correctional institution-adult
16 Correctional institution-juvenile
17 Other institutions and special living arrangements including group homes and quarters, not elsewhere specified

16. Major Disabling Condition: Record Positions 46 - 48

Enter the three-digit code that best describes the client's major disabling condition. This is the physical or mental condition, impairment, or disease most responsible for the client's work limitation.

In the event that an applicant is not accepted for services before the existence of a disability is determined, or is found not to have a disability (closure into Status 08 from Status 02), the disability field may be left blank. This will technically be an "error" for editing purposes, but it is understood that information concerning disability is not always available or applicable.

All disability codes from 100 through 449 pertain to conditions which affect particular parts of the body and have specific causes. For these codes, the first two digits pertain to the disabling condition itself, and the last digit to the cause of the condition. Thus, if a client is missing at least one upper and one lower extremity (40-) due to an accident, injury, or poisoning (--9), the disability code would be 409. If a client's disabling condition resulted from two different causes, use the last cause in recording the third digit. For example, if a blind person with some light perception lost one eye in a childhood accident and the other to glaucoma later in life, the disability code would be 111 (Blindness, Both Eyes, Due to Glaucoma).

Codes from 500 through 699 pertain to disabling conditions where specific body sites may not be involved and/or etiology is not usually appropriate. Do not use these codes if the disabling condition is a visual, hearing, or orthopedic impairment, or an amputation (Codes 100-499). For example, if a diabetic condition has led to the amputation of both legs, the proper code would be 434 (Loss of One or Both Lower Extremities Due to Disease) rather than Code 614 (Diabetes). As often as appropriate in such instances, however, diabetes should be coded as the Secondary Disabling Condition (RP 49-51). Code 614 would be used as the Major Disabling Condition when the person's diabetes, itself, is the condition that contributes primarily toward the work limitation.

It may occasionally appear that either of two codes in the 600 through 699 series can be recorded as the Major Disabling Condition as, for example, when a benign neoplasm (609) leads to a cardiac condition (643). In this case, distinguish between the condition and its cause and enter the code (643-cardiac condition) that describes the limiting effect. A condition is more directly and immediately associated with the work limitation than is a cause.

Codes in the 700 series are to be used for individuals whose disability or disabilities have resulted from a traumatic brain injury (TBI). The clustering of codes for TBI is intended to emphasize that TBI is a

discrete disabling condition which, for coding purposes, takes "precedence" over other codes that equally describe the resulting disabling effect.

For example, a TBI leading to lower limb paralysis should be coded 728 (TBI Leading to Orthopedic Impairment Involving One or Both Lower Limbs) instead of Code 379 (Orthopedic Impairment Involving One or Both Lower Limbs Due to All Other Accidents, Injuries and Poisonings). Do not record Code 379 as the Secondary Disabling Condition (RP 49-51) because it indicates the same disability as does Code 728. Indeed, no codes from 360 to 379 should be recorded as the Secondary Disabling Condition because all of them describe the same disabling effect as does Code 728.

If the TBI denoted by Code 728 also led to epilepsy, use Code 738 (rather than Code 630) to denote the Secondary Disabling Condition (TBI Leading to Epilepsy).

Use Code 744 as seldom as possible (TBI Leading to All Other Disabling Conditions Singly or in Combination, Not Elsewhere Classified) because it conveys limited data and entails the maximum amount of loss in disability detail.

The use of Codes 290 to 298 to indicate that the individual is deaf-blind precludes the use of any visual codes (100-149) or hearing codes (231-289) for Major or Secondary Disabling Condition.

17. Secondary Disabling Condition: Record Positions 49 - 51

Enter the three-digit code that best describes the secondary disabling condition. This is the physical or mental condition, impairment or disease that contributes to, but is not the major basis of, the work disability. Enter Code 999 to indicate that the individual does not have a secondary disabling condition contributing to his or her limitation in employment.

Special Crosschecks Between Major and Secondary Disabling Conditions

1. The three-digit code reported for Secondary Disabling Condition should not equal the three-digit code reported for an individual's Major Disabling Condition.

2. A traumatic brain injury code ranging from 700 to 742 precludes the use of another code in the 100 to 600 series as the Major or Secondary Disabling Condition that indicates the same disability.

3. A deaf-blind code (290-298) precludes the use of a visual or hearing code (100-289) as the Major or Secondary Disabling Condition.

(Agencies are encouraged to determine other combinations of major and secondary disabling conditions which are contradictory, e.g., moderate and mild mental retardation, deafness and hard of hearing, etc., and to rectify such inconsistencies).

CODES FOR MAJOR AND SECONDARY DISABLING CONDITION

Code	VISUAL IMPAIRMENTS*
	Blindness, both eyes, no light perception, due to:
100	cataract
101	glaucoma
102	all other diseases
106	congenital condition
107	accident, poisoning, exposure or injury
109	ill-defined, unspecified or unknown cause
	Blindness, both eyes (with correction not more than 20/200 in better eye or limitation in field within 20 degrees, but not Codes 100 - 109), due to:
110	cataract
111	glaucoma
112	all other diseases
116	congenital condition
117	accident, poisoning, exposure or injury
119	ill-defined, unspecified or unknown cause
	Blindness, one eye, other eye defective (better eye with correction less than 20/60, but better than 20/200, or corresponding loss in visual field), due to:
120	cataract
121	glaucoma
122	all other diseases
126	congenital condition
127	accident, poisoning, exposure or injury
129	ill-defined, unspecified or unknown cause
	Blindness, one eye, other eye good, due to:
130	cataract
131	glaucoma
132	all other diseases
136	congenital condition
137	accident, poisoning, exposure or injury
139	ill-defined, unspecified or unknown cause
	Other visual impairments, due to:
140	cataract
141	glaucoma
142	all other diseases
146	congenital condition
147	accident, poisoning, exposure or injury
149	ill-defined, unspecified or unknown cause
*	**Use codes in the 700 series if traumatic brain injuries are involved.**

Code	**HEARING IMPAIRMENTS*** (See definitions after code listing)
	Deafness, pre-lingual, due to:
231	congenital condition
233	degenerative or infectious disease
234	accident, injury or poisoning
239	ill-defined, unspecified or unknown cause
	Deafness, pre-vocational, due to:
241	(Do not use.)
243	degenerative or infectious disease
244	accident, injury or poisoning
249	ill-defined, unspecified or unknown cause
	Deafness, post-vocational, due to:
251	(Do not use.)
253	degenerative or infectious disease
254	accident, injury or poisoning
259	ill-defined, unspecified or unknown cause
	Hard of hearing, pre-lingual, due to:
261	congenital condition
263	degenerative or infectious disease
264	accident, injury or poisoning
269	ill-defined, unspecified or unknown cause
	Hard of hearing, pre-vocational, due to:
271	(Do not use.)
273	degenerative or infectious disease
274	accident, injury or poisoning
279	ill-defined, unspecified or unknown cause
	Hard of hearing, post-vocational, due to:
281	(Do not use.)
283	degenerative or infectious disease
284	accident, injury or poisoning
289	ill-defined, unspecified or unknown cause
	DEAF-BLIND (See definition after code listing) Combined visual and hearing loss, as indicated:
290	both congenital
292	both adventitious
294	visual loss congenital-hearing loss adventitious
296	hearing loss congenital-visual loss adventitious
298	ill-defined, unspecified or unknown cause
*	**Use codes in the 700 series if traumatic brain injuries are involved.**

Code	**ORTHOPEDIC IMPAIRMENTS,* EXCEPT AMPUTATIONS**

	Impairment involving three or more limbs or entire body, due to:
300	cerebral palsy
301	congenital condition or ill-defined birth injury
303	diseases unspecified in code listing
310	arthritis and rheumatism
312	intracranial hemorrhage, embolism, and thrombosis (stroke)
314	polio
315	muscular dystrophy
316	multiple sclerosis
317	Parkinson's disease
318	accidents and injuries involving the spinal cord
319	all other accidents, injuries and poisonings
	Impairment involving one upper and one lower limb (including side), due to:
320	cerebral palsy
321	congenital condition or ill-defined birth injury
323	diseases unspecified in code listing
330	arthritis and rheumatism
332	intracranial hemorrhage, embolism, and thrombosis (stroke)
334	polio
335	muscular dystrophy
336	multiple sclerosis
337	Parkinson's disease
338	accidents and injuries involving the spinal cord
339	all other accidents, injuries and poisonings
	Impairment involving one or both upper limbs including hands, fingers and thumbs), due to:
340	cerebral palsy
341	congenital condition or ill-defined birth injury
343	diseases unspecified in code listing
350	arthritis and rheumatism
352	intracranial hemorrhage, embolism, and thrombosis (stroke)
354	polio
355	muscular dystrophy
356	multiple sclerosis
357	Parkinson's disease
358	accidents and injuries involving the spinal cord
359	all other accidents, injuries and poisonings
*	**Use codes in the 700 series if traumatic brain injuries are involved.**

Code	**ORTHOPEDIC IMPAIRMENTS,* EXCEPT AMPUTATIONS**
	Impairment involving one or both lower limbs (including feet and toes), due to:
360	cerebral palsy

361	congenital condition or ill-defined birth injury
363	diseases unspecified in code listing
370	arthritis and rheumatism
372	intracranial hemorrhage, embolism, and thrombosis (stoke)
374	polio
375	muscular dystrophy
376	multiple sclerosis
377	Parkinson's disease
378	accidents and injuries involving the spinal code
379	all other accidents, injuries and poisonings
	Other and ill-defined impairments (including trunk, back and spine), due to:
380	cerebral palsy
381	congenital condition or ill-defined birth injury
383	diseases unspecified in code listing
390	arthritis and rheumatism
392	intracranial hemorrhage, embolism, and thrombosis (stroke)
394	polio
395	muscular dystrophy
396	multiple sclerosis
397	Parkinson's disease
398	accidents and injuries involving the spinal cord
399	all other accidents, injuries and poisonings
	ABSENCE OR AMPUTATION OF MAJOR AND MINOR MEMBERS
	Loss of at least one upper and one lower major extremity (including hands, thumbs and feet), due to:
400	malignant neoplasm
402	congenital condition
404	diseases unspecified in code listing
409	accident, injury or poisoning
	Loss of both major upper extremities (including hands or thumbs), due to:
410	malignant neoplasm
412	congenital condition
414	diseases unspecified in code listing
419	accident, injury or poisoning
*	**Use codes in the 700 series if traumatic brain injuries are involved.**

Code	**ABSENCE OR AMPUTATION OF MAJOR AND MINOR MEMBERS**
	Loss of one major upper extremity (including hand or thumb), due to:
420	malignant neoplasm
422	congenital condition
424	diseases unspecified in code listing
429	accident, injury or poisoning
	Loss of one or both major lower extremities (including feet), due to:

430	malignant neoplasm
432	congenital condition
434	diseases unspecified in code listing
439	accident, injury or poisoning
	Loss of other and unspecified parts (including fingers and toes, but excluding thumbs), due to:
440	malignant neoplasm
442	congenital condition
444	diseases unspecified in code listing
449	accident, injury or poisoning
	DISABLING CONDITIONS (CODES 500 - 699) FOR WHICH ETIOLOGY IS UNKNOWN OR NOT APPROPRIATE*
	Mental and emotional conditions:
500	psychotic disorders**
510	neurotic disorders**
520	alcohol abuse or dependence**
521	other drug abuse or dependence**
522	mental and emotional disorders, not elsewhere classified**
526	autism
530	mental retardation, mild
532	mental retardation, moderate
534	mental retardation, severe (including profound)
*	**Use codes in the 700 series if traumatic brain injuries are involved.**
**	**See additional information on these categories after code listing.**
	Other conditions resulting from neoplasms, not elsewhere classified:
600	colostomies resulting from malignant neoplasms
601	laryngectomies resulting from malignant neoplasms
602	leukemia and aleukemia
605	other malignant neoplasms
609	benign and unspecified neoplasms
	Allergic, endocrine system, metabolic and nutritional diseases:
610	asthma and hay fever
611	other allergies
614	diabetes mellitus
615	other endocrine system disorders (except Code 616, cystic fibrosis)
616	cystic fibrosis
619	avitaminoses and other metabolic diseases
	Diseases of the blood and blood-forming organs:

620	hemophilia
621	sickle cell anemia
629	other anemia and diseases of the blood and blood-forming organs (except Code 602, leukemia and aleukemia)
	Other specified disorders of the nervous system:
630	epilepsy
632	specific developmental disorders (learning disabilities)
639	other disorders of the nervous system, not elsewhere classified
	Cardiac and circulatory system conditions:
640	congenital heart disease
641	rheumatic fever and chronic rheumatic heart disease
642	arteriosclerotic and degenerative heart disease
643	other diseases or conditions of heart
644	hypertensive heart disease
645	other hypertensive disease
646	varicose veins and hemorrhoids
649	other conditions of circulatory system
	Respiratory system conditions:
650	tuberculosis of the respiratory system
651	emphysema
652	pneumoconiosis and asbestosis
653	bronchiectasis
654	chronic bronchitis and sinusitis
659	other conditions of respiratory system

Code	Disabling Conditions (Continued)
	Digestive system conditions:
660	conditions of teeth and supporting structures
661	ulcer of stomach and duodenum
662	chronic enteritis and ulcerative colitis
663	hernia
664	colostomies (from other than malignant neoplasm)
669	other conditions of digestive system
	Genitourinary system conditions:
670	genitourinary system conditions (except Code 671, end-stage renal failure)
671	end-stage renal failure
	Speech impairments:
680	cleft palate (with or without cleft lip)
682	stammering and stuttering
684	laryngectomies (from other than malignant neoplasms)
685	aphasia resulting from intracranial hemorrhage, embolism, or thrombosis (stroke)
689	other speech impairments

	Other disabling diseases and conditions, not elsewhere classified (NEC):
690	diseases and conditions of the skin and cellular tissue
699	all other disabling diseases and conditions, (NEC)
	TRAUMATIC BRAIN INJURY, leading to:
700	blindness, both eyes no light perception
702	blindness, both eyes, some light perception
704	blindness, one eye, other eye defective
706	blindness, one eye, other eye good
708	other visual impairments
710	deafness, pre-lingual
712	deafness, pre-vocational
714	deafness, post-vocational
716	hard of hearing, pre-lingual
718	hard of hearing, pre-vocational
720	hard of hearing, post-vocational
722	orthopedic impairment involving three or more limbs or entire body
724	orthopedic impairment involving one upper and one lower limb (including side)
726	orthopedic impairment involving one or both upper limbs (including hands, fingers and thumbs)
728	orthopedic impairment involving one or both lower limbs (including feet and toes)

Code	Disabling Conditions (continued)
	TRAUMATIC BRAIN INJURY, leading to:
730	other and ill-defined orthopedic impairments (including trunk, back and spine)
732	psychotic disorders
734	neurotic disorders
736	other mental and emotional disorders
738	epilepsy
740	specific developmental disorders (learning disabilities)
742	speech impairments
744	all other disabling conditions singly or in combination, not elsewhere classified
998	major disabling condition unknown
999	no secondary disabling condition

Special Definitions/Instructions for Selected Major and Secondary Disabling Conditions

A. Definitions for Terms Used in Coding Hearing Impairments

1. Deafness - A hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip reading, manual communication, and gestures.

2. Hard of hearing - A hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication.

3. Pre-lingual hearing impairment - An impairment that is known or is assumed to have occurred prior to the third birthday.

4. Pre-vocational hearing impairment - An impairment that is known or is assumed to have occurred on or after the third birthday, but prior to the 19th birthday.

5. Post-vocational hearing impairment - An impairment that is known or is assumed to have occurred on or after the 19th birthday.

6. Congenital condition - A hearing loss that is known or is assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella and hemolytic disease of the newborn.

7. Degenerative or infectious disease - A cause of hearing loss that would include, but not be limited to, meningitis, scarlet fever and diphtheria. A condition present at birth which does not result in a hearing loss until later in life is, for reporting purposes, caused by "degenerative or infectious disease."

8. Accident, injury or poisoning - A traumatic cause of hearing loss, including noise-induced loss. This cause would encompass, but not be limited to, ototoxic agents.

B. Crosswalk Between RSA-911 Codes for Mental and Emotional Conditions and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*

Code 500 - Psychotic Disorders

DSM-IV Categories

1. Schizophrenia
2. Delusional disorders
3. Psychotic disorders, not elsewhere classified

Code 510 - Neurotic Disorders

DSM-IV Categories

1. Anxiety disorders
2. Somatoform disorders
3. Dissociative disorders
4. Delirium, dementia, and amnestic and other cognitive disorders
5. Mood disorders including depressive and bipolar disorders

Code 520 - Alcohol Abuse or Dependence

DSM-IV Categories

1. Substance-related disorders - abuse of and dependence on alcohol
2. Organic mental disorders, as induced by alcohol

Code 521 - Other Drug Abuse or Dependence

DSM-IV Categories

1. Substance-related disorders - abuse of and dependence on drugs other than alcohol
2. Organic mental disorders, as induced by drugs other than alcohol

Code 522 - Other Mental and Emotional Disorders

DSM-IV Categories

1. Personality disorders (DSM-IV Axis II category)
2. Attention deficit and disruptive behavior disorders of childhood or adolescence
3. Adjustment disorders
4. Sexual and gender identity disorders
5. Eating disorders
6. Sleep disorders
7. Factitious disorders
8. Impulse control disorders, not elsewhere classified
9. Other conditions that may be a focus of clinical attention

*** The crosswalk between RSA-911 codes and DSM-IV categories is suggestive rather than explicitly defining. The proper classification rests with the State agency using the diagnostic information found in an individual's case folder.**

C. Definition of Individual Who is Deaf-Blind

The term "individual who is deaf-blind" means any individual-

(A) (i) who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions;

(ii) who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and

(iii) for whom the combination of impairments described in clauses (i) and (ii) cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation;

(B) who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

18. <u>Work Status at Application: Record Position 52</u>

Enter the one-digit code which best defines the work activity performed by the individual in the week prior to application for services. The nine work status codes are as follows:

1 Competitive employment
2 Extended employment (workshops)
3 Self-employment (except BEP)
4 State-agency-managed business enterprise (BEP)
5 Homemaker
6 Unpaid family worker
7 Not working: Student
8 Not working: Other
9 Not working: Trainee or worker in non-competitive employment

Any of the first six codes counts as "work" for purposes of vocational rehabilitation. Individuals not meeting the definitions for Codes 1 to 6 below would be classified as not working at the time of application for services.

This item seeks to ascertain whether a work activity took place in the week prior to application for services, and not the extent or level of such activity. Thus, homemakers who were able to do only some of their usual tasks around the house, factory workers who could work only part-time, and laborers who had to do lighter work than usual, all were working for purposes of the work status item.

In some instances, it may be possible to classify the individual into two different work statuses. When this overlap involves two of the first six codes (the codes signifying "work"), select the code more descriptive of the individual's work status prior to application. When an overlap of possible work statuses involves one among the "work" codes (Codes 1 to 6) and one among the "non-work" codes (Codes 7, 8 and 9), use the appropriate "work" code. For example, the correct code for a full-time student with a part-time job in a department store would be "Competitive employment" (Code 1) and not "Not working: Student" (Code 7).

<u>Wage or salaried worker</u>: (Codes 1 and 2) A wage or salaried worker is an individual who works during the week before application for services for wages, salary, commissions, tips, or piece-rates. Do not include as a wage or salaried worker any person working only for pay in-kind (Code 8), or in any of the following groups: work in his or her own business (Code 3); work in State-agency-managed-business enterprises (BEP) (Code 4); homemakers (Code 5); work for which there was no wage or salary on a family farm or in a family business (Code 6); volunteer work for the Red Cross, a church, a hospital or other nonprofit agencies, or unpaid work for a friend or relative (Code 8); or trainees or workers in the non-competitive labor market (Code 9).

1 Competitive employment

This refers to work for wages, salary, commissions, tips, or piece-rates, but does not include work in extended employment (workshops--Code 2) . Included would be wage-earners on farms, but not sharecroppers or self-employed farmers (Code 3).

2 Extended employment (workshops)

This refers to work for wages or salary in a setting conducted by a nonprofit organization for persons with disabilities unable to enter into or not ready for competitive employment. Such settings are variously referred to as rehabilitation, community, curative, sheltered, industrial, or occupational workshops.

Not everyone employed in an extended employment setting is necessarily a workshop worker. Code 2 relates solely to individuals who require a sheltered environment in order to perform their work. Those who do not need sheltered work conditions but who are, nonetheless, employed by the workshop (e.g., as office workers, janitors, etc.) should be coded as being competitively employed (Code 1).

Workers not wage or salaried: (Codes 3 - 6) Classify under Codes 3 through 6 those individuals who are gainfully occupied, but are not receiving a wage or salary.

3 Self-employment (except BEP)

This refers to work for profit or fees in one's own business, farm, shop, or office. Superintendents, managers and other executives hired to manage a business or farm, officers of corporations, and persons working for sales commissions should not be classified under this code, but under Code 1 (competitive employment). "Self-employment" includes sharecroppers, but not wage-earners on farms.

4 State-agency-managed business enterprises (BEP)

This refers to vending stands and other small businesses operated by persons with severe disabilities under the management and supervision of a State agency. It includes home industry, farming, and other enterprises. Home industry involves work performed under the management and supervision of a State agency in the client's own home or residence for wages or salary on a piece-rate, hourly, weekly, or monthly basis. Such employment may be engaged in by persons capable of activity outside the home, as well as by homebound persons.

5 Homemaker

This refers to men and women whose activity is keeping house for their families or for themselves, if they live alone.

6 Unpaid family worker

This refers to persons who work without pay on a family farm or in a family business.

Not working: (Codes 7 - 9) Classified here are students and other persons who cannot be included in the "working" categories.

7 Student

This refers to persons who were attending school in the week before application.

8 Other

This refers to persons not in any of the previous categories and not a trainee as defined below. Examples include (a) persons just out of school who have been unable to get jobs; (b) persons unable to retain or obtain work; (c) homemakers who could not perform their homemaking duties; (d) persons confined in institutions, including places providing specialized medical care, nursing homes, prisons, and jails; (e) persons receiving only pay in-kind (meals, lodgings, etc.); and (f) persons who perform volunteer work for which they were not paid. Do not include those attending school in a home or specialized school for children (Code 7).

9 Trainee or worker (non-competitive employment)

This refers to persons who, although they may have received stipends during the week before application for rehabilitation for work or services performed, were functioning essentially in a non-competitive environment. This code should be used mainly for persons participating in work experience, work training, or work adjustment programs. Use Code 2 for individuals in extended employment (workshops)

19. Earnings in the Week Before Application: Record Positions 53 - 55

Enter the amount of money (to the nearest dollar) earned in the week prior to the date of application for rehabilitation services. If the client had no earnings, enter Code 000. If the client had earnings of $999 or more, use Code 999. Fill in leading zeroes when they apply. Record 055, for example, for clients earning $55 in the in the week before application instead of (blank)55.

This item is intended to provide data on the cash earnings of the individual in the week before application regardless of the earnings record at any earlier time. Earnings for this purpose include total wages, salaries, tips, and commissions received as regular income before payroll deductions such as State and Federal income taxes, Social Security payroll tax, union dues, etc. Earnings also include profits from self-employment in a business or profession. Earnings for salespersons should be based on the adjusted gross income, derived by deducting business expenses from gross income. The earnings of persons with similarly deductible expenses (e.g., consultants) should be treated in the same manner. Business expenses should not include those expenses for which the client has been reimbursed. Do not include estimates of payments in-kind, such as meals and lodgings. Estimate profits of farmers, if necessary.

Special Crosscheck Between Earnings at Application and Work Status at Application

Earnings in the Week Before Application (RP 53-55) should range from 001 to 999 if the Work Status at Application (RP 52) is coded 1 (competitive employment) or 2 (extended employment (workshops)).

20. Hours Worked in the Week Before Application: Record Positions 56 - 57

Enter a two-digit code to indicate the number of hours worked by the client in the week before application for services for which the client was paid. Payment may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. Record a positive number of hours only when the individual has generated some amount of earnings. If the client worked 80

or more hours, enter Code 79. Fill in the leading zero when it applies. A person working six hours, for example, should be coded 06, not (blank)6.

Special Crosschecks Between Hours Worked at Application and Earnings at Application

1. Hours Worked at Application (RP 56-57) should be coded 00 if Earnings at Application (RP 53-55) is coded 000.

2. Hours Worked at Application (RP 56-57) should range from 01 to 79 if Earnings at Application (RP 53-55) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where these rates appear to be improbable, perhaps $50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)

21. Monthly Public Assistance Amount at Application: Record Positions 58-60

Enter the monthly amount of money (to the nearest dollar) received by the individual in the form of public assistance payments at the time of application for rehabilitation services. If no public assistance payments were received, enter Code 000. If payments totaled $999 or more, use Code 999.

For purposes of this item, public assistance refers solely to money payments made to the individual or to his or her dependents (except for nursing home care) under (a) the Federal program of Supplemental Security Income (SSI) for the aged, blind, and disabled; (b) the Federally-aided program of Aid to Families with Dependent Children (AFDC); (c) State and/or locally-financed General Assistance (GA); and (d) State supplements to SSI recipients. AFDC includes, if applicable, assistance provided under the unemployed father provisions of the program. General Assistance includes, if applicable, State assistance for persons who are aged, blind, and disabled.

This item relates to (a) cash public assistance payments made directly to the individual; (b) cash public assistance payments made to the family unit because of the disability of the individual; and (c) only the individual's portion of a cash public assistance payment if he or she is included in the computation of a payment to the family unit for a reason other than the individual's disability. The assistance agency's judgment should be accepted as to the amount of the individual's portion of the payment. If that agency provides no guidance, take the total monthly payment that is shared, and divide it by the total number of persons whom the assistance agency considers in computing the payment.

Payments made directly to the individual in an institution, or to his or her dependents, are included. An example of this is the payment to SSI recipients while they are in a hospital, extended care facility, nursing home, or intermediate care facility receiving payments under a State plan approved in accordance with Title XIX of the Social Security Act (Medicaid). However, payments of public assistance funds to a public or private institution (except for nursing home care) are excluded when the assistance agency incorporates them in a general computation of funds to be paid to the institution.

The item excludes medical assistance vendor payments to vendors for medical care and services, except vendor payments made for the client for nursing home care, which are included. Excluded also are surplus foods or other commodities supplied in any form other than cash; pensions not based on need such as pensions for blind persons in certain States; and payments made to the individual through any third party (employers or other government agencies) in the form of wages, work incentives, etc.

Most persons will receive money payments under just one type of public assistance. In the event that two or more types of assistance apply, add the amounts and record the sum in completing this item.

Special Crosscheck Between Monthly Public Assistance Amount at Application and Primary Source of Support at Application

Monthly Amount of Public Assistance at Application (RP 58-60) should be greater than 000 if the Primary Source of Support at Application (RP 61-62) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).

Special Crosscheck Between Monthly Public Assistance Amount at Application and Type of Public Support During VR

A recorded Monthly Public Assistance Amount at Application (RP 58-60) greater than 000 must be associated with a Code 1 in at least one of the following record positions:

RP 35 Supplemental Security Income (SSI)-Aged
RP 36 Supplemental Security Income (SSI)-Blind
RP 37 Supplemental Security Income (SSI)-Disabled
RP 38 Aid to Families with Dependent Children (AFDC)
RP 39 General Assistance (GA)

These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.

22. Primary Source of Support at Application: Record Positions 61 -62

Enter a two-digit code from the list below to describe the individual's largest single source of public support at application. It is possible for the largest support source to account for less than one-half of the individual's total support. Fill in the leading zero when it applies. An individual primarily supported by family and friends, for example, should be coded 0l, not (blank)1. The codes are as follows:

00 Client income (earnings, interest, dividends, rent)
01 Family and friends
02 Private relief agency
03 Public assistance, at least partly with Federal funds (i.e., SSI and AFDC)
04 Public assistance, without Federal funds (General Assistance only)
05 Public institution--tax supported
06 Workers' compensation
07 Social Security Disability Insurance
08 All other public sources
09 Annuity or other non-disability insurance benefits (private insurance)
10 All other sources of support

A possible source of error in coding primary source of support involves assigning the earnings of, or payments to, other household members as "client income". For example, if a person is supported by the earnings of a spouse or by the spouse's unemployment insurance checks, record Code 01 as the Primary Source of Support (family and friends) and not Code 00 (client income) or Code 08 (all other public sources).

Use Code 05 for institutionalized persons if public monies go directly to the institution. If, rather, support payments go directly to the institutionalized individual, use the appropriate source code (e.g., public assistance (Code 03 or 04)). If the individual is maintained in the institution primarily by the family, use Code 01 (family and friends).

23. Medical Insurance Coverage at Application: Record Position 63

Enter a one-digit code to indicate whether the individual has medical insurance coverage which includes a hospital plan at the time that he or she applies for rehabilitation services. This coverage need not be in the individual's name and may be obtained through any source such as a current employer, a former employer, a spouse, a union, a private company, Medicare, Medicaid, CHAMPUS or any other veterans or military plan.

The codes for this item are:

0 Does not have medical insurance coverage at application
1 Has medical insurance coverage at application

24. Availability of Medical Insurance Through Employment at Application: Record Position 64

Enter a one-digit code to indicate whether an individual working for wages or a salary at the time of application for services can enroll in (if not already enrolled in) a medical insurance plan, which includes hospitalization, that is made available through his or her place of employment.

The applicable codes are as follows:

0 Medical insurance plan not available through job
1 Medical insurance plan available through job
2 Not working for a salary or wages (i.e., individual is self-employed, a homemaker, an unpaid family worker or is not working including students and trainees)

For purposes of this item, the term "available" means that the working individual can enroll in a medical insurance plan containing a hospitalization provision through his or her place of employment, if desired. It is not necessary to determine (a) whether the individual has enrolled or will enroll in such a plan; (b) whether he or she has to pay for all, some or none of the premiums; and (c) how adequate the plan is for his or her needs. It is necessary to learn only that such an employment-based plan exists and that the individual working at application has the option of enrolling in it.

Some employers may have coverage available for some employees, but not others (e.g., full-time workers, but not part-time workers). In these instances, a person who is in a category of employment which is not covered when applying for rehabilitation services, will be considered as not having an option to enroll in a medical insurance plan through employment. Use Code 0 (medical insurance plan not available through job) in these instances.

Special Crosschecks Between Availability of Medical Insurance Through Employment at Application and Work Status at Application

1. **Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 0 or 1 if the Work Status at Application (RP 52) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).**

2. **Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 2 if the Work Status at Application (RP 52) is coded 3 to 9.**

25. Date of Eligibility for Services: Record Positions 65 - 70

Enter the month, day and year in which the individual was determined to be eligible for rehabilitation services and the case was placed into either Status 04 (Pre-Service Listing) or Status 10 (Development of the Individualized Written Rehabilitation Program). The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two digits to the day (e.g., the seventh = 07), and the last two digits to the year.

26. Previous Employment Status: Record Position 71

Enter a one-digit code to indicate whether the individual had ever worked for pay or profit on or prior to the most recent date of application. The following two codes apply:

0 No previous employment
1 Previous employment

Typically, the receipt of earned income from wages, salaries, tips, commissions, and self-employment in a profession or business on or prior to the latest date of application would establish previous employment for this data element.

Do not count as employment instances where the individual's earnings were sporadic or incidental and were produced, for example, by occasionally babysitting for a neighbor's child or running an errand. (If these activities were conducted with regularity, though, they would constitute employment.) Volunteer work, homemaking, and unpaid family work, no matter how regular or extensive, would not be considered employment for this item.

Special Crosscheck Between Previous Employment Status and Work Status at Application

Code 1 should appear for Previous Employment Status (RP 71) when the Work Status at Application (RP 52) is coded 1 to 4.

27. Year Last Employed: Record Positions 72 - 73

Enter a two-digit code to indicate the last two digits of the year in which the individual last worked for pay or profit. Since the year of last employment may have been a long time in the past, it may be estimated. The definition of "employment" for this item is the same as that described above for Previous Employment Status (RP 71). Leave RP 72-73 blank if the individual had never worked before as indicated by Code 0 for Previous Employment Status (RP 71).

28. Reserved: Record Positions 74 - 76

29. Cost of Case Services: Record Positions 77-81

Enter a five-digit code indicating, to the nearest dollar, the total amount of money spent by the State rehabilitation agency in providing or arranging for services on behalf of the client. These expenditures are "life-of-the-case" costs and do not refer to any particular fiscal year.

For this item, the source of funding does not matter. All monies spent for services for the individual originating from Federal, State or other sources should be included if these monies were under the control of the State agency. Do not net out refunds received from third parties. Similarly, the type of vendor does not matter. Expenditures made by the State agency to any vendor, public or private, whether to an individual or to an organization, are to be included.

This item does not require a distinction to be made as to the type of case service provided or arranged for. Amounts spent by the State agency on behalf of the individual for assessment, training, medical services, maintenance, transportation, rehabilitation technology services, personal assistance, or any other rehabilitation services are to be included in the total. Exclude costs incurred for program administration and for salaries to counselors and other staff.

For this item to be of greatest utility, it is important that the reporting of case service costs be as inclusive as possible.

In the event that a case is closed without an expense having been incurred by the State agency, enter Code 00000. If the agency expended $99,999 or more, enter Code 99999. Fill in leading zeros when they apply. A cost of $768, for example, should be recorded as 00768 instead of (blank)(blank)768.

30. Occupation at Closure: Record Positions 82-87

Enter a six-digit code which indicates the type of occupation in which the client is employed at the time of rehabilitation closure. With five exceptions, explained below, the six-digit codes are obtained directly from the Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor. The code to be entered for this item is made up of the first six digits of the DOT code. Fill in leading zeros when they apply. Closure into an architectural occupation, for example, should be recorded as 001061 and not (blank)(blank)1061. (Agencies wishing to record only the first four digits may do so.)

For the following five employment situations, applicable to the rehabilitation program, special codes have been devised. These codes do not duplicate any six-digit codes in the DOT structure:

Code

599999 Homemaker (own home)
699999 Worker in extended employment (workshop) (Use only if regular DOT codes do not apply.)
799999 Unpaid family worker (Use only if regular DOT codes do not apply.)
899999 Vending stand clerk
999999 Vending stand operator

A brief description of each of the five special codes follows:

599999 Homemaker (own home)

This category refers to men and women whose activity is keeping house for their families or themselves, if they live alone.

699999 Worker in extended employment, not elsewhere classified

This category is used only if the type of work in an extended employment setting (workshop) cannot be classified according to any of the DOT occupations. Extended employment is work performed for wages or salary in a setting conducted by a non-profit organization for persons with disabilities unable to enter into or not ready for competitive employment.

799999 Unpaid family worker (own family), not elsewhere classified

This category is used only if the type of unpaid family work cannot be classified according to any of the DOT occupations. An unpaid family worker is one who works without pay on a family farm or in a family business.

899999 Vending stand clerk

This category should always be used for clients employed as clerks, sales persons, or helpers in a vending stand operated under the Vending Stand Program. This special code should be used even though these occupations are classifiable in the DOT. Not included within this code are vending stand operators, who should be coded 999999. Clients employed in vending stands outside the Vending Stand Program should be classified according to their DOT occupation.

999999 Vending stand operator

This category should always be used for clients employed as operators or managers of vending stands operated under the Vending Stand Program. This special code should be used even though these occupations are classifiable in the DOT. Not included within this code are vending standing clerks, who should be coded 899999. Clients employed as vending stand operators outside the Vending Stand Program should be classified according to their DOT occupation.

Special Crosscheck Between Occupation at Closure and Work Status at Closure

Occupation at Closure (RP 82-87) should be coded 599999 if the Work Status at Closure (RP 110) is coded 5 (homemaker).

31. Types of Services Provided: Record Positions 88-100

Enter a one-digit code in each of the record positions for this item to indicate whether the individual received the listed service at any time during the rehabilitation process. The service may have been provided directly or arranged for by the State rehabilitation agency. The source of payment for the service does not matter. The following codes apply:

0 Individual did not receive the specified service
1 Individual received the specified service

The types of services to be reported in RP 88-100 do not include any services that can be classified under Personal Assistance Services (RP 140) and Rehabilitation Technology Services (RP 141-143).

RP 88 Assessment

This complex of services is designed to enable the rehabilitation agency to determine the applicant's eligibility for vocational rehabilitation services, and/or to determine the nature and scope of services to be provided. Assessment involves diagnosis and evaluation and can be medical, psychological, social or vocational in scope.

RP 89 Restoration (Physical and Mental)

This category includes those medical and medically-related services which are necessary to correct or substantially modify a physical or mental condition. Examples of restoration services are surgery, therapy, treatment and hospitalization. Devices provided to improve or maintain the individual's ability to function would be recorded under Assistive Technology Devices (RP 142).

RP 90-94 Training

Training is a service designed to help the individual improve educationally or vocationally, or to adjust to the disabling effects of his or her medical impairment. Five broad types of training have been identified. If the individual receives more than one type of training, each type should be recorded.

RP 90 College/University Training

Included is all academic training on a level beyond secondary schooling. Persons attending full- or part-time or evening courses conducted by a university, college, junior college, or a college-level extension school would be recorded as receiving this training. Academic training in an elementary or high school is to be recorded under miscellaneous training (RP 94).

RP 91 Business and Vocational Training

This is non-collegiate post-secondary education. Included is training in (a) a business/commercial school or college and (b) a vocational/trade school. Training in the business/commercial school or college would prepare the individual for work in areas of office practice, typing, word processing, bookkeeping, accounting, data processing, etc. Training in the vocational/ trade school would typically prepare the person for occupations such as welding, woodworking, TV repair, electrical wiring, auto and aviation mechanics, drafting, cosmetology, barbering, etc. (Any school offering a baccalaureate degree in business or related fields should be included under college/university training (RP 90)).

RP 92 Adjustment Training

This is training which will help the individual adjust to a particular situation hindering his or her ability to work. Included would be work conditioning, developing work tolerance, mobility training, remedial training, literacy training, lip reading, braille, etc. Training in the use of Assistive Technology Devices would be recorded as Assistive Technology Services (RP 143).

RP 93 On-the-Job Training

This is training by a prospective employer in which the individual usually works for wages while learning the skills of a job. There should be an understanding that if the training is successful, the person will remain on the same or a similar job.

RP 94 Miscellaneous Training

This category is provided to allow classification of types of training that do not readily fit into the previous groupings. Included would be academic training on a secondary education level or lower as well as specialized schools for persons who are blind or deaf which are academic in nature.

RP 95 Counseling and Guidance-Substantial

Record Code 1 only when Counseling and Guidance services are provided to the individual to a substantial degree. This means that Counseling and Guidance services were of overriding importance in the totality of rehabilitation services delivered to the individual, as determined by a large amount of time and effort expended to provide such services.

RP 96 Job-Finding Services

A job-finding service is provided when enough information has been imparted to permit the individual to arrange for a job interview with a possible employer on his or her own. Such information, provided singly or in groups, would include instruction in how to read the want ads and other sources of employment opportunities, prepare job resumes, write cover letters, and prepare for job interviews. A job-finding service is also rendered when the State agency directly refers or arranges for the direct referral of the individual to a prospective employer.

Special Crosscheck Between Job-Finding Services and Job Placement

Code 1 must be used for Job-Finding Services (RP 96) if Code 1 is used to indicate the provision of Job Placement (RP 97). By definition, a person receiving a job placement service also received a job-finding service. (It is possible, of course, for an individual to have received a job-finding service, but not job placement.)

RP 97 Job Placement

A job placement service is rendered when the individual is referred to and is hired by an employer. This service may be provided by the State rehabilitation agency, the State employment service, or any other job-finding source such as a private employment agency. Exclude instances in which (a) the individual found his or her own job without training in job-finding skills that were provided or arranged for by the State agency, and (b) an employer at the time of application for rehabilitation services retained the individual in employment. A key feature of this service is that the individual became employed as a result of the job referral. However, the employment need not have been successful. Closures into homemaking and unpaid family work are not to be reported as job placement services. It is possible, however, that the homemaker or unpaid family worker was previously referred to and hired by an employer, but the employment did not succeed. In these instances, a placement service was rendered.

RP 98 Transportation

Transportation is any service provided or arranged for by the State agency to enable the individual to arrive at appointments for assessment, medical services, training, or any other rehabilitation service, as well as to permit the individual to get to work. Included would be the provision of vans, taxi cabs, private cars, etc., for the person as well as payments made to these carriers.

RP 99 Maintenance

Included under this category are services provided to cover the additional costs incurred by the individual while he or she is undergoing rehabilitation services.

RP 100 Other Services

This category allows classification of rehabilitation services that cannot be recorded elsewhere. Included are occupational tools and equipment, initial stocks and licenses, and services to family members for the benefit of the individual. Medical care for acute conditions arising during rehabilitation and constituting a hazard to the determination of rehabilitation potential or to the achievement of the vocational objective is also to be included in this category. Do not include reader and interpreter services here, but, rather, under Personal Assistance Services (RP 140).

32. Type of Facility or Agency Furnishing Services: Record Positions 101 - 109

Enter a one-digit code in each of the nine fields of this item to indicate the type of facility or agency which furnished one or more services to the individual during the rehabilitation process, and whether the facility or agency was a public or private organization.

If the facility or agency in question did not furnish any service to the individual, enter Code 0. If the source did, indeed, provide a rehabilitation service for the individual, enter any of Codes 1, 2 or 3, as appropriate.

These codes are:

1 Service(s) furnished-public source
2 Service(s) furnished-private source
3 Service(s) furnished-both public and private sources

Code 3 would be used when, for example, a client attended both public and private universities during the course of the rehabilitation process.

In instances of an employee of one organization providing services in another setting, code the organization to which the employee belongs, and ignore the setting. For example, if an employee of the State employment service provides job counseling in a private setting housing a community rehabilitation program, use Code 1 (service(s) furnished-public) in RP 107 (Other Public Organizations and Agencies) and not Code 2 (service(s) furnished-private) in RP 105 (Community Rehabilitation Program).

The categories chosen for this item follow the broad groupings of agencies, organizations and facilities used in coding Source of Referral (RP 31-32). In addition to the seven broad referral source groups, special attention has been paid to business/vocational schools (separated from educational institutions) and community rehabilitation programs (separated from health organizations and agencies). The content of

each of the broad groupings is the same as for Source of Referral, apart from the cited exceptions. The nine groupings of facilities or agencies furnishing services are as follows:

RP 101 Educational Institutions (except Business/Vocational Schools)

These include colleges, universities, junior colleges, elementary or high schools, and schools for persons with physical or mental disabilities.

RP 102 Business/Vocational Schools

These include business, commercial, vocational, technical or trade schools.

RP 103 Hospitals and Sanitariums

These include general hospitals, mental hospitals, and other chronic condition or specialized hospitals.

RP 104 Health Organization and Agencies (except Community Rehabilitation Programs)

These include community mental health centers, State crippled children's agencies and all other public and private health organizations and agencies.

RP 105 Community Rehabilitation Programs

These include programs providing services directly or facilitating the provision of services to individuals to help them overcome the disabling effects of their impairments and to maximize their opportunities for employment, including advancement.

RP 106 Welfare Agencies

These include State and local welfare agencies, labor unions, and civic and community welfare organizations.

RP 107 Other Public Organizations and Agencies (not specifically educational, health, or welfare)

These include sources such as the State employment service, Workers' compensation agencies, Social Security, correctional institutions, etc. Also included are State vocational rehabilitation agencies other than the one closing the case of the individual client. For example, an agency for the blind may close the case of a client who received some services from the general agency in the same State, or from a rehabilitation agency in another State. In both instances, use Code 1. Since this RP pertains only to public sources, legitimate codes would be confined to 0 (did not furnish service) and 1 (service(s) furnished-public).

RP 108 Other Private Organizations and Agencies (not specifically educational, health, or welfare)

These include employers, artificial appliance companies, and other private sources. Since this RP pertains only to private sources, legitimate codes would be confined to 0 (did not furnish service) and 2 (service(s) furnished - private).

RP 109 Individuals (Private)

These include physicians and other persons providing services who cannot be classified with an organization or agency. Since this RP pertains only to private sources, legitimate codes would be confined to 0 (did not furnish service) and 2 (service(s) furnished - private).

33. Work Status at Closure: Record Position 110

Enter the one-digit code which best defines the work activity performed by the individual in the week prior to rehabilitation closure. The six work status codes that apply are as follows:

1	Competitive employment
2	Extended employment (workshops)
3	Self-employment (except (BEP))
4	State-agency-managed business enterprises (BEP)
5	Homemaker
6	Unpaid family worker

In the event that it is possible to classify the individual into two different work statuses, select a code designating the principal work status.

Wage or salaried worker: (Codes 1 and 2) A wage or salaried worker is an individual who worked during the week before rehabilitation closure for wages, salary, commissions, tips, or piece-rates. Do not include as a wage or salaried worker any person working in his or her own business (Code 3); in State-agency-managed business enterprises (BEP) (Code 4); as a homemaker in one's own home (Code 5); or without a wage or salary on a family farm or in a family business (Code 6). Codes for salaried workers are:

1 Competitive employment

This refers to work for wages, salary, commissions, tips, or piece-rates, but does not include work in extended employment (workshops--Code 2). Included would be wage-earners on farms, but not sharecroppers or self-employed farmers (Code 3).

2 Extended employment (workshops)

This refers to work for wages or salary in a setting conducted by a nonprofit organization for persons with disabilities unable to enter into or not ready for competitive employment. Such settings are variously referred to as rehabilitation, community, curative, sheltered, industrial, or occupational workshops.

Not everyone employed in an extended employment setting is necessarily a workshop worker. Code 2 relates solely to individuals who require a sheltered environment in order to perform their work. Those who do not need sheltered work conditions but who are, nonetheless, employed by the workshop (e.g., as office workers, janitors, etc.) should be coded as being competitively employed (Code 1).

Workers not wage or salaried: (Codes 3 - 6) Classify under Codes 3 through 6 those individuals who are gainfully occupied, but are not receiving a wage or salary.

3 Self-employment (except BEP)

This refers to work for profit or fees in one's own business, farm, shop, or office. Superintendents, managers, and other executives hired to manage a business or farm, officers of corporations, and persons working for sales commissions should not be classified under this code, but under Code 1 (competitive employment). "Self-employment" includes sharecroppers, but not wage-earners on farms.

4 State-agency-managed business enterprises (BEP)

This refers to vending stands and other small businesses operated by persons with severe disabilities under the management and supervision of a State agency. It includes home industry, farming, and other enterprises. Home industry involves work performed under the management and supervision of a State agency in the client's own home or residence for wages or salary on a piece-rate, hourly, weekly, or monthly basis. Such employment may be engaged in by persons capable of activity outside the home, as well as by homebound persons.

5 Homemaker

This refers to men and women whose activity is keeping house for their families or for themselves, if they live alone. Code 5 must be used when the item on Occupation at Closure is coded 599999 (homemaker).

6 Unpaid family worker

This refers to persons who work without pay on a family farm or in a family business.

Special Crosscheck Between Work Status at Closure and Occupation at Closure

Work Status at Closure (RP 110) should be coded 5 if the Occupation at Closure (RP 82-87) is coded 599999 (homemaker).

34. Earnings in the Week Before Closure: Record Positions 111-113

Enter the amount of money (to the nearest dollar) earned in the week prior to the date of closure in Status 26 (rehabilitated). If the client had no earnings, enter Code 000. If the client had earnings of $999 or more, use Code 999. Fill in leading zeros when they apply. Record 055, for example, for clients earning $55 in the week before rehabilitation closure instead of (blank)55.

This item is intended to provide data on the cash earnings of the rehabilitated client in the week before closure regardless of the earnings record at any earlier time. Earnings for this purpose include total wages, salaries, tips, and commissions received as regular income before payroll deductions such as State and Federal income taxes, Social Security payroll tax, union dues, etc. Earnings also include profits from self-employment in a business or profession. Earnings for salespersons should be based on the adjusted gross income, derived by deducting business expenses from gross income. The earnings of persons with similarly deductible expenses (e.g., consultants) should be treated in the same manner. Business expenses should not include those expenses for which the client has been reimbursed. Do not include estimates of payments in-kind, such as meals and lodgings. Estimate profits of farmers, if necessary.

Special Crosscheck Between Earnings at Closure and Work Status at Closure

Earnings in the Week Before Closure (RP 111-113) should range from 001 to 999 if the Work Status at Closure (RP 110) is coded 1 (competitive employment) or 2 (extended employment (workshops)).

35. Hours Worked in the Week Before Closure: Record Positions 114 - 115

Enter a two-digit code to indicate the number of hours worked by the client in the week before rehabilitation closure for which the client was paid. Payment may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. Record a positive number of hours only when the individual has generated some amount of earnings. If the client worked 80 or more hours, enter Code 79. Fill in the leading zero when it applies. A person working six hours, for example, should be coded 06, not (blank)6.

Special Crosschecks Between Hours Worked at Closure and Earnings at Closure

1. Hours Worked at Closure (RP 114-115) should be coded 00 if Earnings at Closure (RP 111-113) is coded 000.

2. Hours Worked at Closure (RP 114-115) should range from 01 to 79 if Earnings at Closure (RP 111-113) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the item on hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where these rates appear to be improbable, perhaps $50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)

36. Monthly Public Assistance Amount at Closure: Record Positions 116 - 118

Enter the monthly amount of money (to the nearest dollar) received by the client in the form of public assistance payments at the time of closure from the rehabilitation process. If the client did not receive any public assistance payments, enter Code 000. If payments totaled $999 or more, use Code 999.

For purposes of this item, public assistance refers solely to money payments made to the client or dependents of the client (except for nursing home care) under (a) the Federal program of Supplemental Security Income (SSI) for the aged, blind, and disabled; (b) the Federally-aided program of Aid to Families with Dependent Children (AFDC); (c) State and/or locally-financed General Assistance (GA); and (d) State supplements to SSI recipients. AFDC includes, if applicable, assistance provided under the unemployed father provisions of the program. General Assistance includes, if applicable, State assistance for the aged, blind, and disabled.

This item relates to (a) cash public assistance payments made directly to the client; (b) cash public assistance payments made to the client's family unit because of the disability of the client; and (c) only the client's portion of a cash public assistance payment if he or she is included in the assistance agency's computation of such a payment made to the family unit for some reason other than the client's disability. The assistance agency's judgment should be accepted as to the amount of the client's portion of the payment. If that agency provides no guidance, take the total monthly payment that is shared, and divide it by the total number of persons whom the assistance agency considers in computing the payment.

Payments made directly to a client in an institution, or to his or her dependents, are included. An example of this is the payment to SSI recipients while they are in a hospital, extended care facility, nursing home, or intermediary care facility receiving payments under a State plan approved in accordance with Title XIX of the Social Security Act (Medicaid). However, payments of public assistance funds to a public or private institution (except for nursing home care) are excluded when the assistance agency incorporates them in a general computation of funds to be paid the institution.

The item excludes medical assistance vendor payment to vendors for medical care and services, except vendor payments made for the client for nursing home care, which are included. Excluded also are surplus foods or other commodities supplies in any form other than cash; pensions not based on need such as pensions for the blind in certain States; and payments made to the individual through any third party (employers or other government agencies) in the form of wages, work incentives, etc.

Most clients will receive money payments under just one type of public assistance. In the event that two or more types of public assistance apply, add the amounts and record the sum in completing this item.

Special Crosscheck Between Monthly Public Assistance Amount at Closure and Primary Source of Support at Closure

Monthly Amount of Public Assistance at Closure (RP 116-118) should be greater than 000 if the Primary Source of Support at Closure (RP 119-120) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).

Special Crosscheck Between Monthly Public Assistance Amount at Closure and Type of Public Support During VR

A recorded Monthly Public Assistance Amount at Closure (RP 116-118) greater than 000 must be associated with a Code 1 in at least one of the following record positions:

RP 35 Supplemental Security Income (SSI)-Aged
RP 36 Supplemental Security Income (SSI)-Blind
RP 37 Supplemental Security Income (SSI)-Disabled
RP 38 Aid to Families with Dependent Children (AFDC)
RP 39 General Assistance (GA)

These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.

37. Primary Source of Support at Closure: Record Positions 119-120

Enter a two-digit code from the list below to describe the individual's largest single source of economic support at rehabilitation closure. It is possible for the largest support source to account for less than one-half of the individual's total support. Fill in the leading zero when it applies. An individual primarily supported by family and friends, for example, should be coded 01, not (blank)1. The codes are as follows:

00 Client income (earnings, interest, dividends, rent)
01 Family and friends
02 Private relief agency
03 Public assistance, at least partly with Federal funds (i.e., SSI and AFDC)
04 Public assistance, without Federal funds (General Assistance only)

05 Public institution--tax supported
06 Workers' compensation
07 Social Security Disability Insurance
08 All other public sources
09 Annuity or other non-disability insurance benefits (private insurance)
10 All other sources of support

A possible source of error in coding primary source of support involves assigning the earnings of, or payments to, other household members as "client income". For example, if a client is supported by the earnings of a spouse or by the spouse's unemployment insurance checks, record Code 01 as the Primary Source of Support (family and friends) and not Code 00 (client income) or Code 08 (all other public sources).

Use Code 05 for institutionalized clients if public monies go directly to the institution. If, rather, support payments go directly to the institutionalized client, use the appropriate source code (e.g., public assistance (Code 03 or 04)). If the client is maintained in the institution primarily by the family, use Code 01 (family and friends).

38. Type of Closure: Record Position 121

Enter a one-digit code from the following list to designate the point in the vocational rehabilitation process at which the individual's case was closed out:

1 Closed, not accepted for VR services, from the applicant status (Status 08 from Status 02)
2 Closed, not accepted for VR services, from extended evaluation (Status 08 from Status 06)
3 Closed rehabilitated (Status 26)
4 Closed, not rehabilitated, after individualized written rehabilitation program initiated (Status 28)
5 Closed, not rehabilitated, before individualized written rehabilitation program initiated (Status 30)
6 Closed from the pre-service listing (Status 38 from Status 04)

For closure Codes 1, 2, 4, 5, and 6, a two-digit code for Reason for Closure should be entered in RP 122-123. For closure Code 3, there should be no entry in RP 122-123.

39. Reason for Closure: Record Positions 122 - 123

Enter a two-digit code that broadly explains why the individual was not accepted for vocational rehabilitation services (Status 08 from either Status 02 or Status 06), was closed from the pre-service waiting list (Status 38 from Status 04), or could not be rehabilitated (closure in Status 28 or 30). Fill in the leading zero when it applies. If, for example, the case of an applicant is closed because he or she could not be located, or had moved, use Code 01 and not (blank)1.

All of the designated codes below apply to applicants not accepted for vocational rehabilitation (closures into Status 08). For closures into Statuses 28, 30, and 38, however, use only Codes 1 to 7, 10 and 12. The codes for reasons for closure are as follows:

01 Unable to locate or contact; or moved

This code is used when the individual has moved without leaving a forwarding address or has otherwise disappeared. It is also used when the individual leaves the State and gives little or no evidence of returning in the foreseeable future.

02 **Disability too severe or unfavorable medical prognosis**

This code is used to identify an individual whose mental or physical disability is so severely limiting that there is little chance the individual can be vocationally rehabilitated. Include, also, individuals with disorders that are expected to progress to such a severely limiting degree in a fairly short period of time that rehabilitation services will be of little or no help.

03 **Refused services or further services**

This code is used when the individual declines to accept, participate in, or use vocational rehabilitation services.

04 **Death**

05 **Client institutionalized**

This code is used when an individual has entered an institution and will be unavailable to receive rehabilitation services for an indefinite or considerable period of time, and continuance of an open case would not be beneficial to the person. For this item, an institution would include hospitals, nursing homes, prisons and jails, treatment centers, etc.

06 **Transferred to another agency**

This code is used when services needed by the individual are more appropriately provided elsewhere. Transfer to the other agency should be accompanied by referral information that can assist the other agency to serve the individual. This code includes a transfer of an individual from one vocational rehabilitation agency in a State to another.

07 **Failure to cooperate**

This code is used when the individual's actions (or non-actions) convince the counselor that it is not possible to begin or continue appropriate rehabilitation services. Non-cooperation would include repeated failures to keep appointments for assessment, counseling, or other services.

08 **No disabling condition**

This code applies only to applicants not accepted for rehabilitation services (Status 08 from Status 02 and Status 08 from Status 06). The use of this code means that no physical or mental impairment is present. This code may be used when only an acute (as opposed to chronic) condition is observed, e.g., a broken bone. The code may also be used in instances when a chronic condition appears to have no, or inconsequential, effects in a medical sense.

09 **No impediment to employment**

This code applies only to applicants not accepted for rehabilitation services (Status 08 from Status 02 and Status 08 from Status 06). The use of this code would generally mean that a physical or mental impairment is present, but does not constitute a substantial barrier to employment. The individual may be employed on a regular basis, for example, in a position more or less in keeping

with his or her abilities. Or, the individual is unemployed, but his or her physical or mental impairment is so minor that it is not the reason for the unemployment.

10 Transportation not feasible or available

This code is used to indicate that the provision of suitable transportation for the acceptance or maintenance of employment was either not feasible or not available.

11 DO NOT USE

12 All other reasons

This code is used to cover reasons not encompassed by Codes 01 to 10 above. It is much preferred, however, to use Codes 01 to 10, if at all possible, instead of Code 12.

40. Date of Closure: Record Positions 124 - 129

Enter the month, day and year in which the client's case was closed from the vocational rehabilitation process, regardless of the type of closure. The first two digits of the six-digit field pertain to the month (e.g., January = 01), the next two to the day (e.g., the seventh = 07), and the last two digits to the year.

41. Supported Employment Status: Record Position 130

Enter a one-digit code to indicate (a) whether the client's case was classified as supported employment and, if so, (b) whether he or she received services paid for with funds appropriated under Title VI-C of the Rehabilitation Act. The following three codes apply:

0 Not a supported employment case
1 Supported employment case: some Title VI-C funds expended
2 Supported employment case: no Title VI-C funds expended

Use Code 1 or 2, as applicable, if, at any time during the rehabilitation process, supported employment is established as a goal for the client in his or her Individualized Written Rehabilitation Program. Use Code 1 when any amount of money is spent on behalf of the client from funds allocated under Title VI-C of the Rehabilitation Act. Use Code 2 when no Title VI-C money is used in providing services for the client.

42. Supported Employment Outcome: Record Position 131

Enter a one-digit code to indicate whether rehabilitated supported employment cases met the special criteria of success sought for in such cases.

The three codes for this item apply only to persons (a) whose cases were classified as supported employment cases in the item on Supported Employment Status through the use of Code 1 or Code 2 in RP 130 item and who were (b) rehabilitated (Status 26).

The applicable codes are as follows:

1 **Supported employment case rehabilitated into competitive employment-special outcome criteria met** -- Use this code when the rehabilitated person meets all of the following four criteria:

(a) Identification as a supported employment case as indicated by Code 1 or Code 2 in RP 130;
(b) Placement into the competitive labor market as indicated by Code 1 in RP 110;
(c) Placement into an integrated work setting; and
(d) Receipt of ongoing support services at closure.

2 **Supported employment case rehabilitated into competitive employment-special outcome criteria not met** -- Use this code when criteria (a) and (b) for Code 1 immediately above are met, but one or both of criteria (c) and (d) are not met. Two examples of situations for which Code 2 would apply for rehabilitated supported employment cases placed into the competitive labor market are as follows:

(a) individual receives ongoing support services at closure, but is not employed in an integrated work setting; or

(b) individual is in an integrated work setting, but does not need ongoing support services at closure.

3 **Supported employment case rehabilitated, but not into competitive employment** -- Use this code when the rehabilitated individual identified as a supported employment case is placed into a work status other than the competitive labor market such as homemaking, unpaid family work, extended employment (workshops), and self-employment as indicated by Codes 2, 3, 4, 5 and 6 in RP 110.

(Definitions for the terms "integrated work setting" and "ongoing support services" are found in the applicable program regulations.)

Special Crosschecks Between Supported Employment Outcome, Supported Employment Status and Work Status at Closure

1. Supported Employment Outcome (RP 131) should be coded 1 or 2 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 1 (competitive employment).

2. Supported Employment Outcome (RP 131) should be coded 3 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 2 through 6 (other than competitive employment).

43. Medical Insurance Coverage at Closure: Record Position 132

Enter a one-digit code to indicate whether the client has medical insurance coverage which includes a hospital plan at the time of rehabilitation closure. This coverage need not be in the client's name and may be obtained through any source such as a current employer, a former employer, a spouse, a union, a private company, Medicare, Medicaid, CHAMPUS or any other veterans or military plan.

The codes for this item are:

0 Does not have medical insurance coverage at closure
1 Has medical insurance coverage at closure

44. Availability of Medical Insurance Through Employment at Closure: Record Position 133

Enter a one-digit code to indicate whether a client who is working for wages or a salary at the time of rehabilitation closure can enroll in a medical insurance plan, which includes hospitalization, that is made available through the client's place of employment.

The applicable codes are as follows:

0 Medical insurance plan not available through client's job
1 Medical insurance plan available through client's job
2 Client not working for a salary or wages (i.e., client is self-employed, a homemaker or an unpaid family worker)

For purposes of this item, the term "available" means that the working client can enroll in a medical insurance plan containing a hospitalization provision through his or her place of employment if he or she wishes to do so. It is not necessary to determine (a) whether the client has enrolled or will enroll in such a plan; (b) whether the client has to pay for all, some or none of the premiums; and (c) how adequate the plan is for the client's needs. It is necessary to learn only that such an employment-based plan exists and that the client working at closure has the option of enrolling in it.

Some employers may have coverage available for some employees, but not others (e.g., full-time workers, but not part-time workers). In these instances, a person who is in a category of employment which is not covered when rehabilitated will be considered as not having an option to enroll in a medical insurance plan through employment. Use Code 0 (medical insurance plan not available through client's job).

Special Crosschecks Between Availability of Medical Insurance Through Employment at Closure and Work Status at Closure

1. Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 0 or 1 if the Work Status at Closure (RP 110) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).

2. Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 2 if the Work Status at Closure (RP 110) is coded 3 to 6.

45. Veteran Status: Record Position 134

Enter Code 1 if the client had served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable. Otherwise, enter Code 0.

Special Crosscheck between Veteran Status and Type of Public Support During VR

Veteran Status (RP 134) should be coded 1 if the Type of Public Support is Code 1 in RP 41 (Veterans Disability Benefits).

46. Severe Disability: Record Position 135

Enter a one-digit code to indicate whether the individual had a severe disability at any time while he or she was in the vocational rehabilitation process. The codes for this item are:

0 Not Severely Disabled
1 Severely Disabled

A person with a severe disability is one:

(i) who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

(ii) whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

(iii) who has one or more physical or mental disabilities or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

47. Reserved: Record Positions 136 - 137

48. Migratory Agricultural Worker: Record Position 138

Enter Code 1 if the individual was enrolled in a migratory agricultural workers project under Section 312 of the Rehabilitation Act of 1973, as amended, while he or she was in the rehabilitation process.

49. Projects-With-Industry: Record Position 139

Enter Code 1 if the individual was enrolled in one of the projects-with-industry established under Section 621 of the Rehabilitation Act of 1973, as amended, while he or she was in the rehabilitation process.

50. Personal Assistance Services: Record Position 140

Enter a one-digit code to indicate whether the individual received personal assistance services at any time during the rehabilitation process and, if so, whether this was a reader for a visually impaired person, an interpreter for a hearing impaired or deaf-blind person, or an attendant for any disabled person.

The following codes apply:

0 Individual did not receive a personal assistance service
1 Visually impaired person received the assistance of a reader
2 Hearing impaired or deaf-blind person received the assistance of an interpreter

3 Individual received assistance from one or more personal attendants exclusive of readers and interpreters
4 All other personal assistance services

Personal assistance services mean a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

Use Code 1 (reader) if the visually impaired individual also received another personal assistance service. Use Code 2 (interpreter) if the hearing impaired or deaf-blind individual also received another personal assistance service.

Apply Code 3 if (a) a visually impaired person had an attendant, but not a reader, or (b) a hearing impaired person or deaf-blind person had an attendant but not an interpreter.

Apply Code 4 in all other instances when personal assistance was provided, but not by a reader, interpreter, or an attendant.

Special Crosschecks Between Personal Assistance Services and Major and Secondary Disabling Condition

1. **When Code 1 (reader assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a visual impairment (Codes 100-149).**

2. **When Code 2 (interpreter assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a hearing impairment (Codes 231-289) or a deaf-blind disability (Codes 290-298).**

51. Rehabilitation Technology Services Provided: Record Positions 141 - 143

Enter a one-digit code in each of the record positions for this item to indicate whether the individual received the listed service at any time during the rehabilitation process. The service may have been provided directly or arranged for by the State rehabilitation agency. The source of payment for the service does not matter. The following codes apply:

0 Individual did not receive the specified service
1 Individual received the specified service

Rehabilitation Technology Services represent the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

RP 141 - Rehabilitation Engineering

Rehabilitation engineering is a complex of services entailing an original design or concept intended to help the individual maintain or enhance his or her ability to function personally, socially, and/or vocationally. The original design or concept encompasses not only devices, equipment, and aids, but also modifications to the environment, work site, and in transportation on behalf of the individual. To count as Rehabilitation Engineering, the service must be innovative and not an adaptation of an existing mode of accommodation. Typically, the involvement of a rehabilitation technology specialist would be required.

RP 142 - Assistive Technology Devices

These are devices that enable the individual to receive rehabilitation services, improve his or her personal

status, or make it possible for the person to work or become more productive. These devices include any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

RP 143 - Assistive Technology Services

These are services that directly assist an individual in the selection, acquisition, or use of an assistive technology device. Such services include:

(a) the evaluation of the needs of individuals, including a functional evaluation of the individual in his or her customary environment;

(b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;

(c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;

(d) coordinating and using other therapies and interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(e) training or technical assistance for the client or, where appropriate, the client's family.

Special Crosscheck Between Assistive Technology Devices and Assistive Technology Services

Code 1 must be used for Assistive Technology Services (RP 142) if Code 1 is used for Assistive Technology Devices (RP 141).

52. Reserved: Record Positions 144 - 150

Edit Specifications

CASE SERVICE REPORT

(RSA-911)

Case Service Report (RSA-911)

Edit Specifications

(One-Card Image)

General Instructions

This section provides detailed edit and relational edit specifications for reporting RSA-911 data in a one-card, 150-character record image layout.

Reported records pertain to all cases closed from State agency caseloads in a given fiscal year. The due date for RSA-911 submittals is November 30 following the Federal fiscal year of reference (October 1 to September 30).

All cases reported **MUST BE UNIQUE**. The Agency Code, Social Security Number, and Closure Order Code determine the "uniqueness" of a given record.

Duplicate records will be rejected. For example, records with codes in positions 2 through 13 that are identical to the codes in another record will be considered duplicates and will be rejected. In order to indicate that a second closure for an individual has taken place in the same Federal fiscal year; use Code 1 in position 13 (Multiple Closure Code). Use Code 2 for a third closure and Code 3 for a fourth closure.

Case Service Records **MUST** include Type of Closure within the valid range of 1 through 6; otherwise, records will be rejected in their entirety. Counts of each code 1 through 6 must equal counts derived from the 4th Quarter of the Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

All dates in the RSA-911 System must be in the format of MMDDYY, where MM is Month, DD is Day and YY is Year.

Unless otherwise noted, all fields will be alphanumeric fields with no embedded blanks or special characters.

Actual values must be right-justified and zero-filled when reporting amounts for data elements such as Weekly Earnings at Application and Closure, Cost of Case Services, and Monthly Amount of Public Support at Application and Closure. Code values, too, should be right justified and zero-filled. If the Highest Grade Completed, for example, is 8 grades, record 08 and not (blank)8.

Relational Edits are indicated in boldfaced type, as shown here.

Case Service Report (RSA-911)

Edit Specifications

(One-Card Image)

Instructions for Preparation of Floppy Diskette or CD-ROM

1. Sending in RSA-911 data on floppy diskettes or CD-RROM is preferred to magnetic tape submissions.

2. The floppy diskette or CD-ROM will, preferably, be in a flat file in the ASCII code set. A dBase III Plus or dBase IV format is also acceptable, but should be so specified on the external label.

3. Floppies may be recorded at high (preferable) or low densities on 3.5 inch or 5.25 inch diskettes.

4. Each record must be 150 characters in length.

5. The diskette or CD-ROM will have an external label identifying the contents as "RSA-911 Data for FY __." The name of the submitting agency should also be included.

Case Service Report (RSA-911)

Edit Specifications

(One-Card Image)

Instructions for Preparation of Magnetic Tape

1. In the event the State agency wishes to submit RSA-911 data on magnetic tape, the following specifications are preferred:

    a. 9 Track Reels (NOT Cartridges)
    b. 6250 BPI
    c. Odd Parity
    d. EBCDIC Code Set
    e. Standard IBM Labels which include:

        (1) Header Label: an identifying record will be written at the beginning of each reel, followed by a tapemark. The contents of this record will be determined by each agency.

        (2) Data Record: the data records will follow the header. The record length must be 150 characters.

        (3) Trailer Label: this record will follow the data records, and will be preceded and followed by a tapemark. The contents of this record will be determined by each agency.

2. The following alternative specifications may be used if the file cannot be produced as outlined above:

    a. 800 or 1600 BPI
    b. Unlabeled

3. The tape reel will specify the contents as 'RSA-911 Data for Fiscal Year ___'. Also specify the name of the agency submitting the data, the block size, the number of records, and exceptions, if any, to the specifications in paragraph 1. above.

Case Service Report (RSA-911)

Edit Specifications

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
1. Record Identifier	1	Must equal "*".	1 thru 6
2. Agency Code	2-3	Must match Agency Code Table as outlined in reporting instructions.	1 thru 6
3. Social Security Number	4-12	a. Must be numeric. b. 1st character must not equal 8 or 9. c. **If type of closure is 1, 1st character may be numeric or alpha, but 2nd thru last characters must be numeric.**	1 thru 6
4. Multiple Closure Code	13	Must range 0 - 3.	1 thru 6
5. Date of Application	14-19	Format MMDDYY	1 thru 6
Month	14-15	Must range 01 - 12.	
Day	16-17	Must range 01 - 31.	
Year	18-19	Must range from fiscal year of closure up to 12 years prior to fiscal year of closure.	
6. Date of Birth	20-25	Format MMDDYY	1 thru 6
Month	20-21	Must range 01 - 12.	
Day	22-23	Must range 01 - 31.	
Year	24-25	Must range from year of application minus 94 thru year of application minus 11.	
7. Sex	26	Must equal 1 or 2.	1 thru 6
8. Race	27	Must range 1 - 4.	1 thru 6
9. Marital Status	28	Must range 1 - 5.	1 thru 6
10. Hispanic Origin	29	Must equal 1 or 2.	1 thru 6
11. Previous Closure	30	Must range 1 - 3.	1 thru 6
12. Referral Source	31-32	Must match one of the following valid codes: 10, 12, 14, 16, 19, 20, 22, 24, 29, 30, 32, 34, 38-40, 44, 50-56, 59, 60, 62, 69. 70, 72, 79.	1 thru 6
13. Highest Grade Completed	33-34	Must range 00 - 21, or equal XX.	1 thru 6
14. Type of Public Support During VR	35-43		3 thru 6

SSI-Aged	35	Must equal 0 or 1.	
SSI-Blind	36	Must equal 0 or 1.	
SSI-Disabled	37	Must equal 0 or 1.	
AFDC	38	Must equal 0 or 1.	3 thru 6
General Assistance	39	a. Must equal 0 or 1. **b. Must equal 1, if Primary Source of Support at Application or Primary Source of Support at Closure equals 04.**	
SSDI	40		
Veteran Disability	41	a. Must equal 0 or 1. b. **Must equal 1, if Primary Source of Support at Application or Primary Source of Support at Closure equals 07.**	
Other Disability	42	a. Must equal 0 or 1. b. **If code equals 1, Veteran status Code MUST be 1.**	
Other Public Support	43	Must equal 0 or 1.	
		Must equal 0 or 1.	
15. Type of Institution	44-45	Must range 11 thru 17.	3 thru 6
16. Major Disabling Condition	46-48	a. Must match code in Disabling Condition Table as outlined in Reporting Instructions. b. Must NOT equal 999. **c. MUST NOT be equal to 100 - 289, if Secondary Disabling Condition equals 290 - 298.**	1 thru 6
17. Secondary Disabling Condition	49-51	a. If present, must match code in Disabling Condition Table as outlined in Reporting Instructions. b. Enter 999 is no Secondary Disabling Condition exists. **c. MUST NOT be equal to Major Disabling Condition.** **d. MUST NOT be equal to 100 - 289,if Major Disabling**	1 thru 6

		Condition equals 100 -289.	
18. Work Status at Application	52	Must range 1 thru 9.	3 thru 6
19. Weekly Earnings at Application	53-55	a. Must be numeric. b. Must NOT be negative. **c. MUST be greater than 000, if Work Status at Application equals 1 or 2.**	3 thru 6
20. Hours Worked at Application	56-57	**a. MUST range 01 thru 79, if Weekly Earnings at Application is greater than 000.** **b. MUST be 00, is Weekly Earnings at Application is 000.**	3 thru 6
-- Earnings/Hours Comparison	**53-57**	**Calculate hourly wage rate; flag if $50 per hour or more and correct earnings and/or hours, as needed.***	
21. Monthly Amount of Public Assistance at Application	58-60	a. Must be numeric. b. Must NOT be negative. **c. NUST be greater than 000, if Primary Source of Support at Application equals 03 or 04.**	3 thru 6
22. Primary Source of Support at Application	61-62	a. Must range 00 thru 10. **b. If code is 04, then General Assistance (position 39) MUST equal 1.** **c. If code is 07, then SSDI (position 40) MUST equal 1.**	3 thru 6
23. Medical Insurance Coverage at Application	63	Must equal 0 or 1.	3 thru 6
24. Medical Insurance Available Through Job at Application	64	a. Must range 0 thru 2. **b. MUST equal 0 or 1, if Work Status at Application equals 1 or 2.** **c. MUST equal 2, if Work Status at Application equals 3 thru 9.**	3 thru 6
25. Date of Eligibility	65-70	Format MMDDYY	3 thru 6
Month	65-66	Must range 01-12.	
Day	67-68	Must range 01-31.	
Year	69-70	Must range from fiscal year of closure up to 12 years prior to fiscal year of closure.	

* **Agencies are encouraged to set criteria for flagging below $50 per hour.**

ELEMENT NAME	RECORD POSITON	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
26. Previous Employment Status	71	a. Must equal 0 or 1. **b. MUST equal 1 if Work Status at Application equals 1 thru 4.**	3 thru 6
27. Year Las Employed	72-73	**Format YY if Previous Employment Status equals 1. Otherwise leave blank.**	3 thru 6
28. RESERVED	74-76		
29. Cost of Case Services	77-81	a. If reported, MUST be numeric and may not be negative. b. If unknown, MUST be blank.	1 thru 6
30. Occupation at Closure	82-83	**MUST equal 5999** if Work Status at Closure equals 5. CANNOT equal 5999** is Work Status at Closure equals 1 thru 4 or equals 6.**	3
Summary (1st and 2nd digits)	82-83	Must match one of the following valid codes: 00 thru 05, 07, 09 thru 16, 18 thru 27, 29 thru 38, 40 thru 46, 50 thru 82, 84 thru 86, 89 thru 93, 95 thru 97 and 99.	
Detail	84-87		
3rd digit	84	Must range 0 thru 9.	
4th digit	85	Must range o thru 6, or equal 9 for special VR codes for homemaker, vending stand clerk, vending stand operator, unpaid family worker-NEC, or worker in extended employment-NEC.	
5th digit	86	Can equal 0 thru 9, or be blank.	
6th digit	87	Can equal 0 thru 9, or be blank.	

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
31. Services Provided*	88-100		3 thru 5
Assessment	88	Must equal 0 or 1.	
Restoration	89	Must equal 0 or 1.	
College/University Training	90	Must equal 0 or 1.	
Business/Vocational Training	91	Must equal 0 or 1.	
Adjustment Training	92	Must equal 0 or 1.	
On-the-job Training	93	Must equal 0 or 1.	
Miscellaneous Training	94	Must equal 0 or 1.	
(Substantial) Counseling & Guidance	95	Must equal 0 or 1.	
Job-finding Services	96	a. Must equal 0 or 1. **b. Must equal 1 if Job Placement equals 1.**	
Job Placement	97	Must equal 0 or 1.	
Transportation	98	Must equal 0 or 1.	
Maintenance	99	Must equal 0 or 1.	
Other Services*	100	Must equal 0 or 1.	
32. Type of Facility or Agency Furnishing Services	101-109		3 thru 5
Educational Institution	101	Must range 0 thru 3.	

* Excludes Personal Assistance Services (Record Position 140) and Rehabilitation Technology Services (Record Positions 141 to 143).

Business and Vocational School	102	Must range 0 thru 3.	
Hospital and Sanatorium	103	Must range 0 thru 3.	
Health Organization/Agency	104	Must range 0 thru 3.	
Community Rehabilitation Program	105	Must range 0 thru 3.	
Welfare Agency	106	Must range 0 thru 3.	
Other Public Agency	107	Must equal 0 or 1.	
Other Private Agency	108	Must equal 0 or 2.	
Individuals (Private)	109	Must equal 0 or 2.	
33. Work Status at Closure	110	a. Must range 1 thru 6. **b. If code = 5, then Occupation at Closure MUST equal 599999.**	3
34. Weekly Earnings at Closure	111-113	a. Must be numeric. b. Must NOT be negative. **c. MUST be greater than 000, is Work Status at Closure equals 1 or 2.**	3

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
35. Hours Worked at Closure	114-115	**a. MUST range 01 thru 79, if Weekly Earnings at Closure is greater than 000.** **b. MUST be 00, if Weekly Earnings at Closure is 000.**	3
-- Earnings/Hours Comparison	**111-115**	**Calculate hourly wage rate; flag if $50/hour or more and correct earnings and/or hours, as needed.***	
36. Monthly Amount of Public Assistance at Closure	116-118	a. Must be numeric b. Must NOT be negative. **c. MUST be greater than 000, if Primary Source of Support at Closure equals 03 or 04.**	3
37. Primary Source of Support at Closure	119-120	a. Must range 00 thru 10. **b. If code equal 4, then General Assistance (position 39) MUST equal 1.** **c. If code equal 07, then SSDI (position 40) MUST equal 1.**	3
38. Type of Closure**	121	Must range 1 thru 6	1 thru 6
39. Reason for Closure	122-123	**a. MUST range 01 thru 10, or equal 12, if Type of Closure equals 1 or 2.** **b. MUST range 01 thru 07, or equal 10 or 12, if Type of Closure equals 4, 5, or 6.**	1, 2, 4, 5, 6

* **Agencies are encouraged to set criteria for flagging below $50/hour.**

** NOTES: 1. If no code or incorrect code entered, entire record will be rejected.
2. Counts of each code 1 thru 6 **MUST** equal counts derived from the 4th Quarter, Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data, if there are discrepancies in counts of closures between the two systems.

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
40. Date of Closure	124-129	Format MMDDYY	1 thru 6
Month	124-125	a. Must range 01 thru 09, if year equals Federal Fiscal Year of closure. b. Must range 10 thru 12, if year equals Federal Year of	
Day	126-127	closure minus one.	
Year	128-129	Must range 01 thru 31. Must equal Federal Fiscal Year of closure of Federal Fiscal Year of closure minus one.	
41. Supported Employment Status	130	Must range 0 thru 2.	3 thru 5
42. Supported Employment Outcome	131	**a. MUST equal 1, 2, of 3, if Supported Employment Status equals 1 or 2.** **b. MUST equal 1 or 2, if Work Status at Closure equals 1.** **c. MUST equal 3, if Work Status at Closure equals 2 thru 6.**	3
43. Medical Insurance Coverage at Closure	132	Must equal 0 or 1.	3
44. Medical Insurance Available Through Job at Closure	133	a. Must range 0 thru 2. **b. MUST equal 0 or 1, if Work Status at Closure equals 1 0r 2.** **c. MUST equal 2, if Work Status at Closure equals 3 thru 6.**	3
45. Veteran Status	134	a. Must equal 0 or 1. **b. MUST equal 1 if Veterans Disability Support Code equals 1.**	1 thru 6
46. Severe Disability	135	Must equal 0 or 1.	1 thru 6
47. RESERVED	136-137		
48. Migratory Agricultural Worker	138	Must equal 0 or 1.	1 thru 6
49. Projects-with-Industry	139	Must equal 0 or 1.	1 thru 6

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
50. Personal Assistance Services Provided	140	a. Must equal 0 thru 4. **b. If code equals 1, the Major or Secondary Disabling Condition MUST range from 100 thru 149.** **c. If code equals 2, the Major or Secondary Disabling Condition MUST range from 231 thru 298.**	3 thru 5
51. Rehabilitation Technology Services Provided	141-143		3 thru 5
Rehabilitation Engineering	141	Must equal 0 or 1.	
Assistive Technology Devices	142	Must equal 0 or 1.	
Assistive Technology Services		a. Must equal 0 or 1. **b. Must equal 1 if Assistive Technology Devices equals 1**	3 THRU 5
52. RESERVED	144-150		

The Monitoring of Data Quality:
Special Crosschecks to be Applied Between Data Elements in the

CASE SERVICE REPORT

(RSA-911)

CASE SERVICE REPORT (RSA-911): SPECIAL CROSSCHECKS TO BE APPLIED BETWEEN DATA ELEMENTS

The following listing of comparison checks is offered to promote the consistency, coherence, and utility of RSA-911 data elements, and the validity of measurements derived from these data elements. This "stand alone" section is a repetition of comparison checks appearing (a) throughout the body of RSA-911 instructions and (b) in the listing of edit specifications. They are repeated here as a convenience for persons responsible for issues of data quality and integrity.

It is incumbent on State agencies to institute a systematic way to continuously monitor recorded information for correctness and reasonableness. The crosschecks that follow do not cover the totality of comparisons that can be made between RSA-911 variables, but would be part of a comprehensive data quality monitoring system. Systematic data quality monitoring followed by appropriate corrective action will contribute significantly to the usefulness of the resulting data and the program-related inferences that may fairly be drawn from them.

(The references below are to the Record Position (RP) of the specified RSA-911 data elements.)

1. Type of Public Support and Primary Source of Support at Application and at Closure

(a) General Assistance (RP 39) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 04 (Public Assistance, Without Federal Funds-General Assistance Only).

(b) Social Security Disability Insurance (RP 40) should be coded 1 if the individual's Primary Source of Support at Application (RP 61-62) or at Closure (RP 119-120) is reported as Code 07 (Social Security Disability Insurance).

2. Major and Secondary Disabling Condition

(a) The three-digit code reported for Secondary Disabling Condition (RP 49-51) should not equal the three-digit code reported for the Major Disabling Condition (RP 46-48).

(b) A traumatic brain injury code ranging from 700 to 742 precludes the use of another code as the Major or Secondary Disabling Condition indicating the same disability.

(c) A deaf-blind code (290-298) precludes the use of a visual or hearing code (100-289) for the Major or Secondary Disabling Condition. (Agencies are encouraged to determine other combinations of major and secondary disabling conditions which are contradictory, e.g., moderate and mild mental retardation, deafness and hard of hearing, etc.)

3. Earnings at Application and Work Status at Application

Earnings in the Week Before Application (RP 53-55) should range from 001 to 999 if the Work Status at Application (RP 52) is coded 1 (competitive labor market) or 2 (extended employment (workshops)).

4. Hours Worked at Application and Earnings at Application

(a) Hours Worked at Application (RP 56-57) should be coded 00 if Earnings at Application (RP 53-55) is coded 000.

(b) Hours Worked at Application (RP 56-57) should range from 01 to 79 if Earnings at Application (RP 53-55) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the item on hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where rates appear to be improbable, perhaps $50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)

5. Monthly Public Assistance Amount at Application and Primary Source of Support at Application

Monthly Amount of Public Assistance at Application (RP 58-60) should be greater than 000 if the Primary Source of Support at Application (RP 61-62) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).

6. Monthly Public Assistance Amount at Application and Type of Public Support During VR

A recorded Monthly Public Assistance Amount at Application (RP 58-60) greater than 000 must be associated with a Code 1 in at least one of the following record positions:

RP 35 Supplemental Security Income (SSI)-Aged
RP 36 Supplemental Security Income (SSI)-Blind
RP 37 Supplemental Security Income (SSI)-Disabled
RP 38 Aid to Families with Dependent Children (AFDC)
RP 39 General Assistance (GA)

These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.

7. Availability of Medical Insurance Through Employment at Application and Work Status at Application

(a) Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 0 or 1 if the Work Status at Application (RP 52) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).

(b) Availability of Medical Insurance Through Employment at Application (RP 64) should be coded 2 if the Work Status at Application (RP 52) is coded 3 to 9.

8. Previous Employment Status and Work Status at Application

Code 1 should appear for Previous Employment Status (RP 71) when the Work Status at Application (RP 52) is coded 1 to 4.

9. Occupation at Closure and Work Status at Closure

(a) Occupation at Closure (RP 82-87) should be coded 599999 if the Work Status at Closure (RP 110) is coded 5 (homemaker).

(b) Work Status at Closure (RP 110) should be coded 5 if the Occupation at Closure (RP 82-87) is coded 599999 (homemaker).

10. Job-Finding Services and Job Placement

Code 1 must be used for Job-Finding Services (RP 96) if Code 1 is used to indicate the provision of Job Placement (RP 97). By definition, a person receiving a job placement service also received a job-finding service. (It is possible, of course, for an individual to have received a job-finding service, but not job placement.)

11. Earnings at Closure and Work Status at Closure

Earnings in the Week Before Closure (RP 111-113) should range from 001 to 999 if the Work Status at Closure (RP 110) is coded 1 (competitive labor market) or 2 (extended employment (workshops)).

12. Hours Worked at Closure and Earnings at Closure

(a) Hours Worked at Closure (RP 114-115) should be coded 00 if Earnings at Closure (RP 111-113) is coded 000.

(b) Hours Worked at Closure (RP 114-115) should range from 01 to 79 if Earnings at Closure (RP 111-113) is coded from 001 to 999. (Under no circumstances, however, should a code such as 01 be inserted in the hours field to signify that the item on hours worked was not known. This improper procedure leads to grossly inflated hourly wage rates. In general, agencies should perform hourly wage rate calculations for all clients, flag instances where rates appear to be improbable, perhaps $50 an hour or more, and correct the recorded figures for earnings or hours, or both earnings and hours.)

13. Supported Employment Outcome, Supported Employment Status and Work Status at Closure

(a) Supported Employment Outcome (RP 131) should be coded 1 or 2 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 1 (competitive employment).

(b) Supported Employment Outcome (RP 131) should be coded 3 if Supported Employment Status (RP 130) is coded 1 or 2 and Work Status at Closure is coded 2 through 6 (other than competitive employment).

14. Monthly Public Assistance Amount at Closure and Primary Source of Support at Closure

Monthly Amount of Public Assistance at Closure (RP 116-118) should be greater than 000 if the Primary Source of Support at Closure (RP 119-120) is coded 03 (Public Assistance-Federal funds) or 04 (Public Assistance-No Federal funds).

15. Monthly Public Assistance Amount at Closure and Type of Public Support During VR

A recorded Monthly Public Assistance Amount at Closure (RP 116-118) greater than 000 must be associated with a Code 1 in at least one of the following record positions:

RP 35 Supplemental Security Income (SSI)-Aged
RP 36 Supplemental Security Income (SSI)-Blind
RP 37 Supplemental Security Income (SSI)-Disabled
RP 38 Aid to Families with Dependent Children (AFDC)
RP 39 General Assistance (GA)

These five types of support constitute Public Assistance for which dollar amounts are to be reported. Do not report dollar amounts for any other types of support.

16. Availability of Medical Insurance Through Employment at Closure and Work Status at Closure

(a) Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 0 or 1 if the Work Status at Closure (RP 110) is coded 1 or 2 (competitive employment and extended employment (workshops), respectively).

(b) Availability of Medical Insurance Through Employment at Closure (RP 133) should be coded 2 if the Work Status at Closure (RP 110) is coded 3 to 6.

17. Veteran Status and Type of Public Support During VR

Veteran Status (RP 134) should be coded 1 if the Type of Public Support During VR is shown as Code 1 in RP 41 (Veterans Disability Benefits).

18. Personal Assistance Services and Major and Secondary Disabling Condition

(a) When Code 1 (reader assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a visual impairment (Codes 100-149).

(b) When Code 2 (interpreter assistance) is used for Personal Assistance Services (RP 140), either the Major or Secondary Disabling Condition (RP 46-48 and RP 49-51, respectively) should indicate a hearing impairment (Codes 231-289) or a deaf-blind disability (Codes 290-298).

19. Assistive Technology Devices and Assistive Technology Services

Code 1 must be used for Assistive Technology Services (RP 142) if Code 1 is used for Assistive Technology Devices (RP 141).

The Caseload Status System

STATE-FEDERAL PROGRAM OF VOCATIONAL REHABILITATION

THE CASELOAD STATUS SYSTEM

Progress and decisions points in the vocational rehabilitation (VR) process have traditionally been referred to as statuses and represented as even numbered two-digit codes. The chief distinction in these statuses is between those representing cases that remain open vs. cases that have been closed. Both the open and closure statuses are composed of five components. The Case Service Report (RSA-911) calls for personal and program-related information only on the five closure statuses. The following list summarizes these closure statuses and, in addition, briefly describes the five components under the open statuses for reference purposes. The actual codes to use to designate the different types of closure in the RSA-911 system are found in the instructions for Record Position 121 (Type of Closure).

Open Statuses

Status 02 - Applicant: When an individual signs a document to request VR services, he or she is an applicant and the case is placed into Status 02. While an applicant, the individual's eligibility for VR services is determined within 60 days in most instances. If eligible, the applicant's case is moved either to (1) the Pre-Service Listing (Status 04) where services will be delayed because he or she does not meet an agency's order of selection priorities or (2) the Service Statuses (10 to 24) where no delay in the delivery of services is intended. If not eligible for VR services, the applicant's case will be closed to Status 08. If a determination of eligibility cannot readily be made, the applicant will be moved to extended evaluation (Status 06) and more information obtained in determining eligibility.

Status 04 - Pre-Service Listing: An applicant placed into this status has been determined eligible for VR services, but cannot receive them because he or she does not meet a State agency's order of selection priorities. Typically, the name of the individual will be placed on a waiting list for services until such time as the State agency has sufficient funds available to provide services. Placement of the person's name on the waiting list for services indicates that there will be a delay in the initiation of services which the individual is otherwise entitled to receive. A case leaving this status will either be (1) moved to the Service Statuses (10 to 24) to signify that services will be provided without further delay or (2) closed from Status 38 to indicate that services will not be provided for whatever reason).

Status 06 - Extended evaluation: An applicant is placed into this status when a rehabilitation counselor certifies the need to provide certain services to help in determining whether the individual can benefit from the full range of rehabilitation services in terms of an employment outcome. Applicants leaving this status, if eligible for VR, will be moved to the Pre-Service Listing (Status 04) or to the Service Statuses (10 to 24). If not eligible, the applicant's case will be closed to Status 08 within the 18-month period allowed for extended evaluation.

Statuses 10 to 24 - The Service Statuses: In the service statuses, the rehabilitation agency may conduct any or all of the following activities on behalf of the individual who has been determined eligible for VR services (the list is not intended to be all-inclusive, just illustrative).

-assess the rehabilitation needs of the individual and formulate the Individualized Written Rehabilitation Program (IWRP).

-provide counseling and guidance to prepare the client for employment.

-provide or arrange for any physical or mental restoration services (e.g., surgery, psychiatric treatment, rehabilitation technology services, etc.)

-provide or arrange for many different kinds of training such college/university, business, vocational, on-the-job, or personal and vocational adjustment training.

-provide or arrange for the delivery of job-seeking skills and placement into suitable employment.

A person remains in the service statuses in instances when services have been interrupted.

Status 32 - Post-employment services: This status is used to identify individuals who have previously been successfully rehabilitated, but who need additional rehabilitation services to help them maintain, regain or advance in their employment.
[No information on this status is reported on Form RSA-113.]

Closure Statuses

Status 08 - Closed not accepted/ineligible for VR: This status is used to identify persons determined ineligible or who are otherwise not accepted for VR services, whether closed from the applicant status (Status 02) or extended evaluation (Status 06).

Status 26 - Rehabilitated: Cases closed as rehabilitated must, as a minimum, (1) have been declared eligible for services, (2) have received appropriate assessment and related services, (3) have had a program for VR services formulated, (4) have completed the program, (5) have been provided counseling, and (6) have been determined to be suitably employed for a minimum of 60 days.

Status 28 - Closed other reasons after IWRP initiated: Cases closed into this category must have met criteria (1), (2) and (3) above, and at least one of the services provided for by the IWRP must have initiated, but, for some reason, one or more of criteria (4), (5) and (6) above were not met.

Status 30 - Closed other reasons before IWRP initiated: Cases placed into Status 30 are those which, although accepted for VR services, did not progress to the point that services were actually initiated under a rehabilitation program.

Status 38 - Closed from Pre-Service Listing: This status is used to identify individuals eligible for VR who will not advance to the Service Statuses (10 to 24) and whose names have been removed from the Pre-Service Listing (Status 04).

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE
RSA-PD-00-06
DATE: March 16, 2000

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS (RRCEPS)
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICE PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Announcement of OMB Approval for the Case Service Report (RSA-911), OMB Number: 1820-0508

POLICY STATEMENT: This is to inform you that the Office of Management and Budget has approved a revision to the Case Service Report (RSA-911) through February 28, 2003. The approval permits data collection for service records closed through Fiscal Year 2002. The OMB number for this collection is 1820-0508.

The RSA-911 record layout has been changed from the previous version. The order of some data elements has been changed to provide for a more logical transition from one item to the next. State agencies should also pay close attention to the newly assigned three-digit agency codes. In addition, changes to the data elements and instructions have been made to comply with new reporting requirements in the Rehabilitation Act amendments of 1998. All date fields have been adjusted to be Y2K compliant. The disability codes have been expanded to a four-digit field to capture both the impairment and the cause/source of the impairment. Some instructions have been rewritten to clarify previous ambiguities. The attachment to this memorandum summarizes whether and how each RSA-911 data element has changed, even if only in nomenclature.

As always, the speed with which RSA-911 changes are implemented is of major concern to us. State agencies are asked to revise their reporting systems as quickly as possible. Some coding and definitional changes can

be easily incorporated, while other changes will require more time. All requested revisions should be completed in time for State agencies to report their Fiscal Year (FY) 2001 data in the new format. This report is due on November 30, 2001. (State agencies should report their data for FY 2000 in the previously approved format.)

The due date for submitting the RSA-911 data remains as November 30, following the end of a fiscal year. State VR agencies should examine their data for accuracy with the RSA Edit Program before submitting data to us. A diskette with the revised edit program will be transmitted to each State agency at a later date. All information must be provided in the format outlined in the edit specifications. All submittals in the proper format should be sent to:

Rehabilitation Services Administration
Basic State Grants Branch
330 C Street, S.W.
Switzer Building, Room 3211
Washington, DC 20202-2735
Email address: Patricia_Nash@ed.gov

CITATIONS IN LAW: Sections 12(a), 13, 14(a), 101(a)(10), 131 and 626 of the Rehabilitation Act of 1973, as amended, and the Paperwork Reduction Act of 1995, as amended.

CITATIONS IN REGULATIONS: 34 CFR 361.38, 361.40 AND 361.56.

EXPIRATION DATE: February 28, 2003

INQUIRIES TO: RSA Central Office (202-205-9412) or Regional Offices.

Fredric K. Schroeder, Ph.D.
Commissioner

Attachments

Cc: CSAVR
NAPAS
NCIL
NRFC

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from current RSA-911
Agency code	1-3	New three-digit code assigned to each agency.
Closure order	13	Replaces multiple closure code, new coding structure.
Competitive employment	162	New data element.
Cost of purchased services	104-109	Increases from five to six digits.
Date of application	15-22	New order (year, month, day), four-digit year
Date of birth	23-30	New order (year, month, day), four-digit year
Date of closure	201-208	New order (year, month, day), four-digit year
Date of eligibility determination	88-95	New order (year, month, day), four-digit year
Date of Individualized Plan for Employment (IPE)	96-103	New data element.
Employment status (application)	51-52	Replaces work status at application, new employment statuses, change in coding.
Employment status (closure)	161	Replaces work status at closure, new employment statuses.
Gender	31	New data element name.
Hours worked in a week (application)	57-58	Maximum hours recorded increased from 79 to 99.
Hours worked in a week (closure)	167-168	Maximum hours recorded increased from 79 to 99.
Individualized Education Program (IEP)	40	New data element.
Level of education attained (application)	39	Replaces highest grade completed; new coding structure.
Level of education attained (closure)	154	New data element.
Living arrangement (application)	41-42	Replaces type of institution at application.
Medical insurance coverage (application)	83-87	Now records type of medical insurance coverage.
a. Medicaid	83	
b. Medicare	84	
c. Workers' compensation	85	
d. Private insurance thru own employment	86	
e. Private insurance thru other means	87	

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from current RSA-911
Medical insurance coverage (closure)	193-197	Now records type of medical insurance coverage.
a. Medicaid	193	
b. Medicare	194	
c. Workers' compensation	195	
d. Private insurance thru own employment	196	
e. Private insurance thru other means	197	
Migrant and seasonal farmworkers	212	Previously migratory agricultural worker.
Monthly public support amount (application)	66-81	Replaces monthly public assistance amount, amounts reported by type of public support.
a. SSDI	66-69	
b. SSI	70-73	
c. TANF	74-77	
d. All other public support	78-81	
Monthly public support amount (closure)	176-191	Replaces monthly public assistance amount, amounts reported by type of public support.
a. SSDI	176-179	
b. SSI	180-183	
c. TANF	184-187	
d. All other public support	188-191	
Occupation (closure)	155-160	
Previous closure	14	New record position and coding structure.
Primary disability	43-46	Replaces major disabling condition, new coding structure.
Primary source of support (application)	82	List has been streamlined, new coding structure.
Primary source of support (closure)	192	List has been streamlined, new coding structure.
Projects-with-Industry	213	Indicates change in reference to section of Act.
Race and ethnicity	32-37	Combines race and Hispanic origin into one element, multiple affirmative responses permitted.
Reason for closure	199-200	Adds three reasons for closure codes.
Secondary disability	47-50	Replaces secondary disabling condition, new coding structure.

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name		Record position	Change, if any, from current RSA-911
Services provided		110-153	New coding structure indicates vendor and source of funding.
a.	Assessment	110-111	Expanded definition.
b.	Diagnosis and treatment of impairments	112-113	Formerly restoration.
c.	Vocational rehabilitation counseling and guidance	114-115	Expanded definition.
d.	College or university training	116-117	Expanded definition.
e.	Occupational/vocational training	118-119	Formerly business/vocational training.
f.	On-the-job training	120-121	Expanded definition.
g.	Basic academic remedial or literacy training	122-123	New service category.
h.	Job readiness training	124-125	New service category.
i.	Disability related augmentative skills training	126-127	New service category.
j.	Miscellaneous training	128-129	
k.	Job search assistance	130-131	Formerly job finding services.
l.	Job placement assistance	132-133	Revised definition.
m.	On-the-job supports	134-135	New service category.
n.	Transportation services	136-137	
o.	Maintenance	138-139	
p.	Rehabilitation technology	140-141	
q.	Reader services	142-143	
r.	Interpreter services	144-145	
s.	Personal attendant services	146-147	
t.	Technical assistance services	148-149	New service category.
u.	Information & referral services	150-151	New service category.
v.	Other services	152-153	

Summary of How New RSA-911 System Differs in Content or Instructions from Previous RSA-911 System, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from current RSA-911
Significant disability	211	New element name.
Social Security Number	4-12	
Source of referral	38	List of sources has been streamlined.
Supported employment status	209	Revised definition.
Type of closure	198	Adds closure code for an eligible person whose service record was closed before an IPE was developed.
Type of public support (application)	59-65	
a. SSI	59	Combines SSI Aged, Blind or Disabled
b. TANF	60	Formerly AFDC
c. General assistance	61	
d. SSDI	62	
e. Veterans' disability	63	
f. Workers' Compensation	64	New type of public support.
g. Other public support	65	
Type of public support (closure)	169-175	New data element.
a. SSI	169	
b. TANF	170	
c. General assistance	171	
d. SSDI	172	
e. Veterans' disability	173	
f. Workers' Compensation	174	
g. Other public support	175	
Veteran status	210	
Weekly earnings (application)	53-56	Increases from three to four digits.
Weekly earnings (closure)	163-166	Increases from three to four digits.

Reporting Manual for the

CASE SERVICE REPORT

(RSA-911)

STATE-FEDERAL PROGRAM FOR VOCATIONAL REHABILITATION

Reporting Manual for the Case Service Report (RSA-911)

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General Instructions

This section provides detailed edit and relational edit specifications for reporting RSA-911 data in a 213-character record image layout.

Reported records pertain to all individuals whose case records were closed in a given fiscal year. The due date for RSA-911 submittals is November 30 following the Federal fiscal year of reference (October 1 to September 30).

All records submitted **MUST BE UNIQUE**. The Agency Code, Social Security Number, and Closure Order Code determine the "uniqueness" of a given record.

Duplicate records will be rejected. For example, records with codes in positions 1 through 13 that are identical to the codes in another record will be considered duplicates and will be rejected. In order to indicate that a second closure for an individual has taken place in the same Federal fiscal year, use Code 2 in position 13 (Closure Order Code). Use Code 3 for a third closure and Code 4 for a fourth closure.

Records **MUST** include Type of Closure within the valid range of 1 through 7; otherwise, records will be rejected in their entirety. Counts of each code 1 through 7 must equal counts derived from the 4th Quarter of the Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

All dates in the RSA-911 System must be in the format of YYYYMMDD, where YYYY is Year, MM is Month and DD is Day.

Unless otherwise noted, all fields will be numeric or ✶'s with no embedded blanks or other special characters.

Actual values must be right-justified and zero-filled when reporting amounts for data elements such as Weekly Earnings at Application and Closure, Cost of Case Services, and Monthly Amount of Public Support at Application and Closure. Code values, too, should be right-justified and zero-filled. For example, if the Employment Status at Application, is extended employment (Code 02) record 02 and not (blank)2.

Instructions for Preparation of Floppy Diskette, CD-ROM or Electronic Transmittal

1. The floppy diskette or CD-ROM should be in a flat file in the ASCII code set.

2. Floppies may be recorded on 3.5 inch diskettes.

3. Each record must be 213 characters in length.

4. The diskette or CD-ROM should have an external label identifying the contents as "RSA-911 Data for FY __." The name of the submitting agency should also be included.

5. If you would like to transmit your data electronically, please contact Patricia A. Nash on 202-205-9412 for specific instructions.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0508 (Expiration Date: 02/28/2003). The time required to complete this information collection is estimated to average 53 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Rehabilitation Services Administration, Basic State Grants Branch, 330 C Street, S.W., Switzer Building, Room 3211, Washington, DC 20202-2735.

Element-by-Element Instructions:

CASE SERVICE REPORT

(RSA-911)

Element-by-Element Instructions

1. Agency Code
   Record Positions: 1-3

Enter the three-digit code assigned to each State vocational rehabilitation (VR) agency from the following list. Please note that codes have been preassigned to nonexisting agencies for individuals who are blind in the event that they are established in the future.

State or territory	Agency Code		State or territory	Agency Code	
	General/ Combined	Blind		General/ Combined	Blind
Alabama	001	057	Montana	029	085
Alaska	002	058	Nebraska	030	086
American Samoa	003	059	Nevada	031	087
Arizona	004	060	New Hampshire	032	088
Arkansas	005	061	New Jersey	033	089
California	006	062	New Mexico	034	090
Colorado	007	063	New York	035	091
Connecticut	008	064	North Carolina	036	092
Delaware	009	065	North Dakota	037	093
Dist. of Columbia	010	066	Northern Marianas	038	094
Florida	011	067	Ohio	039	095
Georgia	012	068	Oklahoma	040	096
Guam	013	069	Oregon	041	097
Hawaii	014	070	Pennsylvania	042	098
Idaho	015	071	Puerto Rico	043	099
Illinois	016	072	Rhode Island	044	100
Indiana	017	073	South Carolina	045	101
Iowa	018	074	South Dakota	046	102
Kansas	019	075	Tennessee	047	103
Kentucky	020	076	Texas	048	104
Louisiana	021	077	Utah	049	105
Maine	022	078	Vermont	050	106
Maryland	023	079	Virginia	051	107
Massachusetts	024	080	Virgin Islands	052	108
Michigan	025	081	Washington	053	109
Minnesota	026	082	West Virginia	054	110
Mississippi	027	083	Wisconsin	055	111
Missouri	028	084	Wyoming	056	112

2. Social Security Number
Record Positions: 4-12

Enter the individual's nine-digit Social Security number (SSN). When a SSN is not available or if the individual prefers not to provide his/her SSN, assign a unique nine-digit number that does not duplicate a genuine SSN. Starting the nine-digit number with the digits "99" in RP 4 and 5 will avoid duplicating a genuine SSN. Use Code ✶✶✶✶✶✶✶✶✶ if this information is not available for records closed while the individual was an applicant, but before a determination of eligibility (Closure Code 1).

3. Closure Order
Record Position: 13

Assign the appropriate closure order code for all service records from the list below:

1 First closure of an individual's service record in the FY
2 Second closure of the same individual's service record in the same FY
3 Third closure of the same individual's service record in the same FY, and so on.

If an individual's service record is closed more than once in the FY, the RSA-911 data system must contain a separate record for each closure. Ensure that when a record indicates a closure order code 2, there is another record with a closure order code 1 with an identical SSN for that individual, and so on for all multiple closures in the same FY.

4. Previous Closure
Record Position: 14

Enter the appropriate code listed below to indicate whether the individual had a previous service record closed by the State VR agency within a 36-month period prior to the most recent application for services. If more than one record was closed for the individual within that 36-month period, consider the most recent previous closure. Indicate the type of the previous closure using one of the following codes:

0 No previous closure within 36 months
1 Closed while the individual was an applicant, but before a determination of eligibility

2 Closed while the individual was an applicant, but during or after a trial work experience/extended evaluation and before a determination of eligibility
3 Closed after the individual achieved an employment outcome
4 Closed after services were initiated, without an employment outcome
5 Closed after a determination of eligibility, but before services under an individualized plan for employment (IPE) were initiated
6 Closed after a determination of eligibility, from an order of selection waiting list
7 Closed after a determination of eligibility, but before an IPE was developed
✶ Information is not available for Closure Code 1

5. Date of Application

Indicate the date (year, month, and day) that the individual applied for VR services. An individual is considered to have submitted an application when the individual has completed and signed an agency application form or has otherwise requested services; has provided information necessary to initiate an assessment to determine eligibility and priority for services; and is available to complete the assessment process.

Enter the year, month, and day, using the eight-digit protocol described below:

5(a) Year of Application
Record Positions: 15-18

Record the year using all four digits of the year.
Example: 1997, 1998, 2000, 2001, etc.

5(b) Month of Application
Record Positions: 19-20

Record the months as follows:

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

5(c) Day of Application
Record Positions: 21-22

Enter 01, 02, etc., using a "0" prefix for single digit days.

6. Date of Birth

Record date (year, month, and day) of birth using the eight-digit protocol:

6(a) Year of Birth
Record Positions: 23-26

6(b) Month of Birth
Record Positions: 27-28

6(c) Day of Birth
Record Positions: 29-30

Use Code ✶✶✶✶✶✶✶✶ if this information is not available for Closure Code 1.

7. Gender
Record Position: 31

Code as follows:

1 Male
2 Female
✶ Information is not available for Closure Code 1

8. Race and Ethnicity

Record race and ethnicity information for all individuals whose service records were closed in the FY. Use Code 0 if the individual is not of that race/ethnicity and Code 1 if the person is of that race/ethnicity. The information recorded must reflect the individual's own identification of race and ethnicity from the categories listed below. Both race and ethnicity should be reported. Multiple Code 1 responses are permitted for an individual. Use Code ✶ if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control. No blanks are permitted in any category.

White
Record Position: 32

Black or African American
Record Position: 33

American Indian or Alaska Native
Record Position: 34

Asian
Record Position: 35

Native Hawaiian or Other Pacific Islander
Record Position: 36

Hispanic or Latino
Record Position: 37

9. Source of Referral
Record Position: 38

Indicate the individual, agency, or other entity that first referred the individual to the State VR agency by using one of the following codes. If the individual approached the VR agency on his/her own, even if based on information provided by the State VR agency, use Code 8 (self-referral).

1 Educational Institutions (elementary/secondary)
2 Educational Institutions (post-secondary)
3 Physician or other Medical Personnel or Medical Institutions (public or private)
4 Welfare Agency (State or local government)
5 Community Rehabilitation Programs
6 Social Security Administration (Disability Determination Service or District office)
7 One-stop Employment/Training Centers
8 Self-referral
9 Other sources
✶ Information is not available for Closure Code 1

10. Level of Education Attained at Application
Record Position: 39

Record the level of education the individual has attained at the time of application. If an actual educational level is not documented, record an estimated level.

Use the following codes:

0	No formal schooling
1	Elementary education (grades 1-8)
2	Secondary education, no high school diploma (grades 9-12)
3	Special education certificate of completion/attendance
4	High school graduate or equivalency certificate (regular education students)
5	Post-secondary education, no degree
6	Associate degree or Vocational/Technical Certificate
7	Bachelor's degree
8	Master's degree or higher
✶	Information is not available for Closure Code 1

11. Individualized Education Program (IEP)
Record Position: 40

Use one of the following codes to indicate whether the individual ever received services under an IEP in accordance with the provisions of the Individuals with Disabilities Education Act (IDEA).

0	Did not have an IEP
1	Had an IEP
✶	Information is not available for Closure Code 1

12. Living Arrangement at Application
Record Positions: 41-42

Indicate the living arrangements of the individual, either temporarily or permanently, on the date of application to the State VR agency. Codes for this item are as follows:

01	Private Residence (independent, or with family or other person)
02	Community Residential/Group Home
03	Rehabilitation Facility
04	Mental Health Facility
05	Nursing Home
06	Adult Correctional Facility
07	Halfway House
08	Substance Abuse Treatment Center
09	Homeless/Shelter

10 Other
✶✶ Information is not available for Closure Code 1

13. Primary Disability
Record Positions: 43-46

Enter the four-digit code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000. Use Code ✶✶✶✶ if the information is not available for Closure Code 1.

14. Secondary Disability
Record Positions: 47-50

Enter the four-digit code that best describes the secondary disability. This is the physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment. The number reported is a combination of the impairment code and cause/source code. Enter Code 0000 to indicate that the individual does not have a secondary disability. Use Code ✶✶✶✶ if the information is not available for Closure Code 1.

CODES FOR IMPAIRMENTS

00 No impairment

SENSORY/COMMUNICATIVE IMPAIRMENTS:

01 Blindness
02 Other Visual Impairments
03 Deafness, Primary Communication Visual
04 Deafness, Primary Communication Auditory
05 Hearing Loss, Primary Communication Visual
06 Hearing Loss, Primary Communication Auditory
07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
08 Deaf-Blindness
09 Communicative Impairments (expressive/receptive)

PHYSICAL IMPAIRMENTS:

10 Mobility Orthopedic/Neurological Impairments
11 Manipulation/Dexterity Orthopedic/Neurological Impairments
12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
13 Other Orthopedic Impairments (e.g., limited range of motion)
14 Respiratory Impairments
15 General Physical Debilitation (fatigue, weakness, pain, etc.)
16 Other Physical Impairments (not listed above)

MENTAL IMPAIRMENTS:

17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
19 Other Mental Impairments

CODES FOR CAUSES/SOURCES OF IMPAIRMENTS

00 Cause unknown
01 Accident/Injury (other than TBI or SCI)
02 Alcohol Abuse or Dependence
03 Amputations
04 Anxiety Disorders
05 Arthritis and Rheumatism
06 Asthma and other Allergies
07 Attention-Deficit Hyperactivity Disorder (ADHD)
08 Autism
09 Blood Disorders
10 Cancer
11 Cardiac and other Conditions of the Circulatory System
12 Cerebral Palsy
13 Congenital Condition or Birth Injury
14 Cystic Fibrosis
15 Depressive and other Mood Disorders
16 Diabetes Mellitus
17 Digestive
18 Drug Abuse or Dependence (other than alcohol)
19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20 End-Stage Renal Disease and other Genitourinary System Disorders
21 Epilepsy
22 HIV and AIDS
23 Immune Deficiencies excluding HIV/AIDS
24 Mental Illness (not listed elsewhere)
25 Mental Retardation

26 Multiple Sclerosis
27 Muscular Dystrophy
28 Parkinson's Disease and other Neurological Disorders
29 Personality Disorders
30 Physical Disorders/Conditions (not listed elsewhere)
31 Polio
32 Respiratory Disorders other than Cystic Fibrosis or Asthma
33 Schizophrenia and other Psychotic Disorders
34 Specific Learning Disabilities
35 Spinal Cord Injury (SCI)
36 Stroke
37 Traumatic Brain Injury (TBI)

15. Employment Status at Application
Record Positions: 51-52

Enter the two-digit code which best describes the employment status of the individual at application from the following. Fill in leading zero when it applies.

01 Employment without Supports in Integrated Setting
02 Extended Employment
03 Self-employment (except BEP)
04 State Agency-managed Business Enterprise Program (BEP)
05 Homemaker
06 Unpaid Family Worker
07 Employment with Supports in Integrated Setting
08 Not employed: Student in Secondary Education
09 Not employed: All other Students
10 Not employed: Trainee, Intern or Volunteer
11 Not employed: Other
✶✶ Information is not available for Closure Code 1

The first seven codes are considered "employment" for purposes of this item. Individuals not meeting the definitions for Codes 01 to 07 below would be classified as "not employed" (Codes 08 to 11) at the time of application for services.

Employment Codes (Codes 01-07)

01 - Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.

02 - Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered, industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.

03 - Self-employment (except BEP) refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms.

04 - State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate. Individuals capable of activity outside the home, as well as homebound individuals, may engage in such employment.

05 - Homemaker refers to men and women whose activity is keeping house for persons in their households or for themselves if they live alone.

06 - Unpaid Family Worker is an individual who works without pay on a family farm or in a family business.

07 - Employment with Supports in Integrated Setting is full time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. For purposes of this report, compensation for such employment may be below, at, or above the minimum wage.

Not employed (Codes 08-11)

08 - Student in Secondary Education

09 - All other Students are persons attending school full or part-time other than students in secondary education.

10 - Trainee, Intern or Volunteer refers to persons engaging in unpaid work experiences, internships or volunteer work for purposes of increasing their employability. Such individuals may receive a stipend to defray the cost of transportation or other incidental expenses.

11 - Other refers to persons not in any of the other categories (e.g., persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities).

When an individual's work activity overlaps into two different employment categories, select the code more descriptive of the individual's employment activity at application.

16. Weekly Earnings at Application
Record Positions: 53-56

Enter the amount of money (to the nearest dollar) earned in a typical week at the time of application. If the individual had no earnings, enter 0000. If the person had earnings of $9999 or more, use 9999. Fill in leading zeros when they apply. For example, record 0055 for those earning $55 at the time of application. Use Code ✶✶✶✶ if the information is not available for Closure Code 1

This item collects data on the cash earnings of individuals at application and includes all wages, salaries, tips, and commissions received as income before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

SPECIAL CASES: To preclude misleading results such as a negative earnings situation, the following instructions are provided:

Where earnings are based on commissions which are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month.

When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses which are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.

Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual

receipt of the payment and not on amounts accruing until the next commission payout.

17. Hours Worked in a Week at Application
Record Positions: 57-58

Enter the number of hours an individual worked for earnings in a typical week at the time of application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter 00. If the person worked 99 or more hours in one week, enter 99. Fill in leading zero when it applies. For example, enter 06 for an individual who worked six (6) hours. Use Code ✶✶ if the information is not available for Closure Code 1.

18. Type of Public Support at Application

Enter a Code 0 or a Code 1 in each of the following seven record positions to indicate whether the individual was receiving that type of public support at application. Use Code 0 to indicate no public support and Code 1 to indicate receipt of support payment from the source cited. One payment is sufficient to establish "receipt". Use Code ✶ in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Position: 59

Temporary Assistance for Needy Families (TANF)
Record Position: 60

General Assistance (State or local government)
Record Position: 61

Social Security Disability Insurance (SSDI)
Record Position: 62

Veterans' Disability Benefits
Record Position: 63

Workers' Compensation
Record Position: 64

Other Public Support
Record Position: 65

Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.

Other Public Support payments are cash payments to individuals, not listed, and include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments.

19. Monthly Public Support Amount at Application

Enter the amount of money (to the nearest dollar) received by the individual each month in the form of public support payments at the time of application for the sources listed below. If the individual receives two or more types of support, record the amount from each source. Fill in leading zeros for amounts under $1000. If no public assistance payments were received, enter 0000. If payments totaled $9999 or more, use 9999. Use Code ✶✶✶✶ in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Social Security Disability Insurance (SSDI)
Record Positions: 66-69

Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Positions: 70-73

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Temporary Assistance for Needy Families (TANF)
Record Positions: 74-77

Enter the amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.

All other Public Support
Record Positions: 78-81

Enter the monthly amount of public support received from General Assistance, Veteran's Disability Benefits, Workers' Compensation and all other sources of public support not listed (see Item 18).

20. Primary Source of Support at Application
Record Position: 82

Enter a code from the list below to indicate the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support.

NOTE: If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income).

Primary Source of Support Codes:

1 Personal Income (earnings, interest, dividends, rent)
2 Family and Friends
3 Public Support (SSI, SSDI, TANF, etc.)
4 All other sources (e.g., private disability insurance and private charities)
✶ Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

21. Medical Insurance Coverage at Application

Record whether an individual had medical insurance coverage at the time he/she applied for VR services. Enter a Code 0 or Code 1 in each of the following record positions. Use Code 0 if the individual had no medical coverage and Code 1 if the individual had that type of medical insurance coverage. Persons with no medical insurance coverage would be coded 0 for each type of medical insurance listed. Use Code ✶ in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Medicaid
Record Position: 83

Medicare
Record Position: 84

Workers' Compensation
Record Position: 85

Private Insurance Through own Employment
Record Position: 86

Private Insurance Through other Means
Record Position: 87

22. Date of Eligibility Determination

Record the date (year, month, and day) that an eligibility determination was made. For individuals whose service records were closed before a determination of eligibility, use Code ✶✶✶✶✶✶✶✶.

For those individuals who were initially determined to be eligible but later in the VR process were determined to be ineligible because of changed circumstances, record just the date they were determined eligible in this field. For all others, enter the date that the initial determination was made that they were either eligible or ineligible.

Code date of eligibility determination using eight-digit protocol.

22(a) Year eligibility was determined
Record Positions: 88-91

22(b) Month eligibility was determined
Record Positions: 92-93

22(c) Day eligibility was determined
Record Positions: 94-95

23. Date of Individualized Plan for Employment (IPE)

Record the date (year, month, and day) on which the first IPE for the individual became effective. For purposes of this data element, assume that the IPE is effective on the date on which both parties reach agreement. If the two signatures bear two different dates, the later date should govern. If an individual's service record is closed before an IPE is developed, use Code ✶✶✶✶✶✶✶✶.

Code date of IPE using the eight-digit protocol.

23(a) Year IPE became effective
Record Positions: 96-99

23(b) Month IPE became effective
Record Positions: 100-101

23(c) Day IPE became effective
Record Positions: 102-103

24. Cost of Purchased Services
Record Positions: 104-109

Enter, to the nearest dollar, the total amount of money spent by the State VR agency to purchase services for an individual, over the life of the current service record.

Include all expenditures made to public and/or private vendors, individuals or an organization. Include expenditures for all types of purchased services such as assessment, training, medical services, maintenance, transportation, tuition for higher education, rehabilitation technology services, personal assistance, or any other rehabilitation services. Exclude costs incurred for program administration and for salaries of counselors and other staff. Also exclude costs for services provided by rehabilitation programs owned and operated by the State VR agency that are not directly billed on an individual basis.

If an individual's service record is closed without an expense having been incurred by the State agency, enter 000000. If the agency expended $999,999 or more, enter 999999. Fill in leading zeros when they apply.

25. Services Provided

Enter the appropriate two-digit code to indicate the vendor and source of funding for each service listed. Services must have been provided to the individual in determining eligibility and/or in developing and carrying out the IPE.

Include all services furnished whether paid for with VR funds or from other sources (comparable services). If an individual received the same service from more than one provider, record only the major provider.

The first digit identifies the vendor or provider of the service. The second digit indicates the source of funding. Use Code 00 if a service was not provided to an individual.

Codes for Vendors/Providers:

0 Not provided
1 Provided directly by State VR agency
2 Provided by Community Rehabilitation Programs in the Public Sector (owned and managed by Federal, State, or local government, such as those run by State VR agencies).
3 Provided by Community Rehabilitation Programs in the Private Sector (owned and managed by non-governmental entities, such as individuals, associations, corporations, etc.)
4 Provided by One-stop Employment/Training Centers
5 Provided by other Public Sources
6 Provided by other Private Sources

Codes for Source of Funding

0 Not provided
1 VR funds
2 Non-VR Sources
3 Combination of VR and Other Sources

Assessment
Record Positions: 110-111

Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a State VR agency that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Include here trial work experiences and extended evaluation.

Diagnosis and Treatment of Impairments
Record Positions: 112-113

Diagnosis and treatment of impairments means:

a) Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;

b) Diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;

c) Dentistry;

d) Nursing services;

e) Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;

f) Drugs and supplies;

g) Prosthetic, orthotic, or other assistive devices, including hearing aids;

h) Eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other visual aids prescribed by personnel who meet State licensure laws and are selected by the individual;

i) Podiatry;

j) Physical therapy;

k) Occupational therapy;

l) Speech or hearing therapy;

m) Mental health services;

n) Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services or that are inherent in the condition under treatment;

o) Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

p) Other medical or medically related rehabilitation services.

Vocational Rehabilitation Counseling and Guidance
Record Positions: 114-115

Vocational rehabilitation counseling and guidance means discrete therapeutic counseling and guidance services that are necessary for an individual to achieve an employment outcome, including personal adjustment counseling, counseling that addresses medical, family, or social issues, vocational counseling, and any other form of counseling and guidance that is necessary for an individual with a disability to achieve an employment outcome. This service is distinct from the general counseling and guidance relationship that exists between the counselor and the individual during the entire rehabilitation process.

Training

Training services are designed to help the individual improve educationally or vocationally or to adjust to the functional limitations of his or her impairment. If the individual receives more than one type of training, each type should be recorded.

College or University Training
Record Positions: 116-117

Full-time or part-time academic training above the high school level leading to a degree (associate, baccalaureate, graduate, or professional), a certificate or other recognized educational credential. Such training may be provided by a four-year college or university, community college, junior college, or technical college.

Occupational/Vocational Training
Record Positions: 118-119

Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree or certification.

On-the-job Training
Record Positions: 120-121

Training in specific job skills by a prospective employer. Generally the individual is paid during this training and will remain in the same or a similar job upon successful completion. Also include apprenticeship training programs conducted or sponsored by an employer, a group of employers, or a joint apprenticeship committee representing both employers and a union.

Basic Academic Remedial or Literacy Training
Record Positions: 122-123

Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market.

Job Readiness Training
Record Positions: 124-125

Training to prepare an individual for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity).

Disability Related Augmentative Skills Training
Record Positions: 126-127

Disability related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; Braille; speech reading; sign language; and cognitive training/retraining.

Miscellaneous Training
Record Positions: 128-129

Any training not recorded in one of the other categories listed.

Job-Related Services

Job-related services include job search assistance, job placement assistance, and on-the-job support services.

Job Search Assistance
Record Positions: 130-131

Job search activities support and assist a consumer in searching for an appropriate job. Job search assistance may include help in resume

preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer.

Job Placement Assistance
Record Positions: 132-133

Job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

On-the-job Supports
Record Positions: 134-135

Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Such services include job coaching, follow-up and follow-along, and job retention services.

Transportation Services
Record Positions: 136-137

Transportation, including adequate training in the use of public transportation vehicles and systems, means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service. Examples of transportation services/expenses include, but are not limited to:

a) Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the individual to travel to participate in any VR service;

b) Relocation expenses incurred by the individual in connection with a job placement that is a significant distance from the individual's current residence;

c) The purchase and repair of vehicles, including vans, but not the modification of these vehicles; and

d) Training in the use of public transportation vehicles and systems.

Maintenance
Record Positions: 138-139

Maintenance means monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and VR needs or while receiving

services under an IPE. Examples of maintenance expenses include, but are not limited to:

a) cost of uniforms or other suitable clothing required for an individual's job placement or job seeking activities;

b) cost of short-term expenses, such as food and shelter, that are required in order for an individual to participate in assessment or vocational training at a site that is not within commuting distance of an individual's home;

c) initial one-time costs, such as security deposits or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement; and

d) costs of an individual's participation in enrichment activities related to that individual's training program.

Rehabilitation Technology
Record Positions: 140-141

Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes the following:

Rehabilitation Technology Service

Rehabilitation technology is the systematic application of engineering sciences to design, develop, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

Assistive Technology Devices

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

Assistive Technology Services

Assistive technology service is any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services may include:

a) evaluating the needs of an individual with a disability, including a functional evaluation of the individual in his/her customary environment;

b) purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;

c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

e) training or providing technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and

f) training or providing technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities to the extent that training or technical assistance is necessary for an individual with a disability to achieve an employment outcome.

NOTE: It is possible for these services to be classifiable under any of the other service categories.

Personal Assistance Services

Personal assistance services are a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

Three distinct services that are considered personal assistance services are reader services, interpreter services, and personal attendant services.

Further information on recording each of these services follows. Record only whether and which of these services were provided to the individual (e.g., if the same person provided both reader service and personal attendant service to an individual, indicate both services).

Reader Services
Record Positions: 142-143

Reader services are for individuals who cannot read print because of blindness or other disability. Reader services include, in addition to reading aloud, transcription of printed information into Braille or sound recordings if the individual requests such transcription. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.

Interpreter Services
Record Positions: 144-145

Interpreter services are sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Specially trained individuals perform sign language or oral interpretation. Also include here real-time captioning services for persons who are deaf or hard of hearing. Do not include language interpretation in this category, but in "other services".

Personal Attendant Services
Record Positions: 146-147

Personal attendant services are those personal services that an attendant performs for an individual with a disability such as bathing, feeding, dressing, providing mobility and transportation, etc.

Technical Assistance Services
Record Positions: 148-149

Technical assistance and other consultation services to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.

Information and Referral Services
Record Positions: 150-151

Information and referral services are provided to individuals who need services from other agencies (through cooperative agreements) not available through the VR program.

Other Services
Record Positions: 152-153

Use this category for all other VR services that cannot be recorded elsewhere. Included here are occupational licenses, tools and equipment, initial stocks and supplies. Medical care for acute conditions arising during rehabilitation and constituting a barrier to the achievement of an employment outcome is also included in this category.

26. Level of Education Attained At Closure
Record Position: 154

Record the level of education the individual had attained when the service record was closed. If an actual educational level is not documented, record an estimated level.

Use the following codes:

0	No formal schooling
1	Elementary education (grades 1-8)
2	Secondary education, no high school diploma (grades 9-12)
3	Special education certificate of completion/attendance
4	High school graduate or equivalency certificate (regular education students)
5	Post-secondary education, no degree
6	Associate degree or Vocational/Technical Certificate
7	Bachelor's degree
8	Master's degree or higher
✶	Information is not available for Closure Code 1

27. Occupation at Closure
Record Positions: 155-160

For an individual who achieved an employment outcome, enter a six-digit code to describe the individual's occupation when the service record was closed.

Using the Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor, enter the first six digits of the appropriate DOT code. Fill in leading zeros when they apply. Closure into an architectural occupation, for example, should be recorded as 001061.

For the five employment situations unique to the VR program, use the special codes indicated below. These codes do not duplicate any six-digit codes in the DOT structure:

599999 Homemaker (own home) refers to men and women whose activity is keeping house for their families, or themselves if they live alone.

699999 Worker in extended employment, not elsewhere classified use only if the type of work in an extended employment setting cannot be classified into any of the DOT occupations.

799999 Unpaid family worker (own family), not elsewhere classified use only if the type of unpaid family work cannot be classified according to any of the DOT occupations. An unpaid family worker is one who works without pay on a family farm or in a family business.

899999 Randolph-Sheppard vending facility clerk use this category for persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable in the DOT. Do not include vending facility operators (999999), or individuals employed in vending facilities outside the Vending Facility Program (use their DOT occupation code).

999999 Randolph-Sheppard vending facility operator use this category for individuals employed as operators or managers of vending facilities operated under the Vending Facility Program. Use this special code even though these occupations are classifiable in the DOT. Do not include vending facility clerks (899999), or individuals employed as vending facility operators outside the Randolph-Sheppard Vending Facility Program (use their DOT occupation code).

Special Codes

599999	Homemaker
699999	Worker in extended employment, not classifiable in any other DOT code
799999	Unpaid family worker, not classifiable in another DOT code
899999	Randolph-Sheppard vending facility clerk
999999	Randolph-Sheppard vending facility operator
✶✶✶✶✶✶	Use this code for all other closure codes

28. Employment Status at Closure
Record Position: 161

For an individual who achieved an employment outcome, enter a one-digit code that describes the employment outcome of the individual when his or her service record was closed. Use Code ✶ for all other closure codes. If classifying the individual into two different employment statuses from Codes 1-7 is possible, select a code designating the principal status.

1 Employment without Supports in Integrated Setting
2 Extended Employment
3 Self-employment (except BEP)
4 State Agency-managed Business Enterprise Program (BEP)
5 Homemaker
6 Unpaid Family Worker
7 Employment with Supports in Integrated Setting

1 - Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.

2 - Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered, industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.

3 - Self-employment (except BEP) is work for profit or fees including operating one's own business, farm, shop or office. "Self-employment" includes sharecroppers, but not wage earners on farms.

4 - State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or a piece-rate. Individuals capable of activity outside the home, as well as by homebound individuals, may engage in such employment.

5 - Homemaker refers to men and women whose activity is keeping house for persons in their households or for themselves if they live alone.

6 - Unpaid Family Worker refers to persons who work without pay on a family farm or in a family business.

7 - Employment with Supports in Integrated Setting is full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. For purposes of this report, compensation for such employment may be below, at, or above the minimum wage.

29. Competitive Employment
Record Position: 162

Enter a one-digit code to indicate whether the individual achieved competitive employment at the time the service record was closed. Competitive employment is employment in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. Minimum wage is the Federal or State minimum wage, whichever is higher.

Coding this item requires making judgments as to whether an individual whose service record was closed in Item #28, Employment Status at Closure, Codes 1, 3, 4 and 7, was working at or above the minimum wage and at no less than the customary wage and level of benefits paid to individuals who are not disabled doing the same or similar work. Therefore, Code 1 in this item will be a subset of the total number of individuals coded 1, 3, 4 and 7 in Item #28. Use Code 0 in this item for individuals in Item #28, Codes 1, 3, 4 and 7, who did not meet the definition of competitive employment. Also use Code 0 for individuals whose service records were closed as extended employment, homemakers, or unpaid family workers (Codes 2, 5 and 6 in Item #28). Use Code ✶ for all other closure codes.

0 Not competitively employed
1 Competitively employed

30. Weekly Earnings at Closure
Record Positions: 163-166

Enter the amount of money (to the nearest dollar) the individual earned in a typical week after achieving an employment outcome. Earnings for this purpose

include all income from wages, salaries, tips, and commissions before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

SPECIAL CASES: To preclude misleading results such as a negative earnings situation, the following instructions are provided:

> Where earnings are based on commissions which are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month.
>
> When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses which are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.
>
> Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

If the individual had no earnings, enter 0000. If the individual's earnings were $9999 or more, enter 9999. Fill in leading zeros when they apply (e.g., 0128 for individuals earning $128 in a typical week after achieving an employment outcome). Use Code ✶✶✶✶ for all other closure codes.

31. Hours Worked in a Week at Closure
Record Positions: 167-168

For an individual who achieved an employment outcome, enter the number of hours the individual worked for earnings in a typical week when the service record was closed. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter 00. If the person worked 99 or more hours in one week, enter 99. Fill in leading zero when it applies. Use Code ✶✶ for all other closure codes.

32. Type of Public Support at Closure

Enter a Code 0 or a Code 1 in each of the following seven record positions to indicate whether the individual was receiving that type of public support at closure. Use Code 0 to indicate no public support and Code 1 to indicate receipt of support payment from the source cited. One payment is sufficient to establish "receipt". Use Code ✶ in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Position: 169

Temporary Assistance for Needy Families (TANF)
Record Position: 170

General Assistance (State or local government)
Record Position: 171

Social Security Disability Insurance (SSDI)
Record Position: 172

Veterans' Disability Benefits
Record Position: 173

Workers' Compensation
Record Position: 174

Other Public Support
Record Position: 175

Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.

Other Public Support payments are cash payments to individuals, not listed, and include payments made by Federal, State and local governments for retirement

or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments.

33. Monthly Public Support Amount at Closure

Enter the monthly amount of money (to the nearest dollar) received by the individual as public support payments at the time the service record was closed for the sources listed below. If the individual receives two or more types of support, record the amount from each source. Fill in leading zeros for amounts under $1000. If no public assistance payments were received, enter 0000. If payments totaled $9999 or more, use 9999. Use Code ✶✶✶✶ in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Social Security Disability Insurance (SSDI)
Record Positions: 176-179

Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Positions: 180-183

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Temporary Assistance for Needy Families (TANF)
Record Positions: 184-187

Enter the amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.

All other Public Support
Record Positions: 188-191

Enter the monthly amount of public support received from General Assistance, Veteran's Disability Benefits, Workers' Compensation and all other sources of public support not listed (see Item 32).

34. Primary Source of Support at Closure
Record Position: 192

Enter a code from the list below to indicate the individual's largest single source of economic support at the time the service record was closed, even if it accounts for less than one-half of the individual's total support.

NOTE: If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income).

Primary Source of Support Codes:

1 Personal Income (earnings, interest, dividends, rent)
2 Family and Friends
3 Public Support (SSI, SSDI, TANF, etc.)
4 All other sources (e.g., private disability insurance and private charities)
✶ Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

35. Medical Insurance Coverage at Closure

Record whether an individual had medical insurance coverage when his/her service record was closed. Enter a Code 0 or Code 1 in each of the following record positions. Use Code 0 if the individual had no medical coverage and Code 1 if the individual had that type of medical insurance coverage. Persons with no medical insurance coverage would be coded 0 for each type of medical insurance listed. Use Code ✶ in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Medicaid
Record Position: 193

Medicare
Record Position: 194

Workers' Compensation
Record Position: 195

Private Insurance Through own Employment
Record Position: 196

Private Insurance Through other Means
Record Position: 197

36. Type of Closure
Record Position: 198

Enter a one-digit code from the following list to indicate when in the VR process an individual's service record was closed:

1 Closed while the individual was an applicant, but before a determination of eligibility
2 Closed while the individual was an applicant but during or after a trial work experience/extended evaluation and before a determination of eligibility
3 Closed after the individual achieved an employment outcome
4 Closed after services were initiated, without an employment outcome
5 Closed after a determination of eligibility, but before services under an IPE were initiated
6 Closed after a determination of eligibility, from an order of selection waiting list
7 Closed after a determination of eligibility, but before an IPE was developed

37. Reason for Closure
Record Positions: 199-200

Enter a two-digit code that identifies the reason for closing the service record of an individual. Fill in leading zero when it applies.

00 Achieved employment outcome.

01 Unable to locate or contact
Use this code when the individual has moved without a forwarding address or is otherwise unavailable. Also use this code for persons who have left the State and show no intentions of continuing in their VR program.

02 Disability too significant to benefit from VR services
Use this code to identify an individual whose mental or physical disability is so significant that the individual cannot benefit from VR services in terms of employment.

03 Refused Services or Further Services
Use this code for individuals who choose not to participate or continue in their VR program at this time.

04 Death

05 Individual in Institution
Use this code when an individual has entered an institution and will be unavailable to participate in a VR program for an indefinite or considerable period of time. An institution includes a hospital, a nursing home, a prison or jail, a treatment center, etc.

06 Transferred to another agency
Use this code when an individual needs services that are more appropriately obtained elsewhere. Transfer to the other agency indicates that appropriate referral information is forwarded to the other agency so that agency may provide services more effectively. Include individuals transferred to other State VR agencies.

07 Failure to cooperate
Use this code to indicate when an individual's actions (or non-actions) make it impossible to begin or continue a VR program. Failure to cooperate includes repeated failures to keep appointments for assessment, counseling, or other services.

08 No disabling condition
Use this code only for applicants who are not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment, e.g., a broken bone that heals.

09 No impediment to employment
Use this code for applicants who are not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment.

10 Transportation not feasible or available
Use this code to indicate that the individual was unable to accept or maintain employment because suitable transportation was either not feasible or not available.

11 Does not require VR services
Use this code for applicants who do not require VR services to prepare for, enter into, engage in, or retain gainful employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

12 Extended services not available
Use this code for individuals who would have benefited from the provision of supported employment services but for whom no source of extended services was available.

13 All other reasons
This code is used for all reasons not covered by Codes 01 to 12.

38. Date of Closure

Record the date (year, month, and day) when the individual's service record was closed by the State VR agency. Use the eight-digit date protocol.

38(a) Year of Closure
Record Positions: 201-204

38(b) Month of Closure
Record Positions: 205-206

38(c) Day of Closure
Record Positions: 207-208

39. Supported Employment Status
Record Position: 209

Enter a one-digit code to indicate (a) whether the individual's IPE specified an employment outcome/vocational goal in a supported employment setting and (b) if so, whether any supported employment services were charged to funds provided under Title VI-B of the Act. Use code 1 or 2, as applicable, if, at any time during the VR process, supported employment was established as a goal for the individual in his/her IPE. Use one of the following codes:

0 Not supported employment
1 Supported employment with some Title VI-B funds expended
2 Supported employment but no Title VI-B funds expended
✶ Information is not available for Closure Codes 1, 2, 6 and 7

NOTE: The term "supported employment" means competitive work in integrated work settings, or employment in integrated work settings, in which individuals are working toward competitive employment, for individuals with the most significant disabilities who require intensive supported employment services in order to perform such work.

40. Veteran Status
Record Position: 210

Enter a one-digit code to indicate if the individual had served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable.

0 Not a veteran
1 Veteran
✶ Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

41. Significant Disability
Record Position: 211

Enter a one-digit code to indicate whether the individual was considered an individual with a significant disability at any time during his/her VR program. An individual with a significant disability is an individual:

a) who has a physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

b) whose VR can be expected to require multiple VR services over an extended period of time; and

c) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an

assessment for determining eligibility and VR needs to cause comparable substantial functional limitation.

0 No Significant Disability
1 Significant Disability
✶ Information is not available for Closure Code 1

42. Migrant and Seasonal Farmworkers
Record Position: 212

Identify individuals who participated in a migrant or seasonal farmworker's project under Section 304 of the Act during their VR program.

0 Was not a migrant or seasonal farmworker during VR program
1 Participated in a migrant or seasonal farmworker project under Section 304 of the Act during VR program
2 Was a migrant or seasonal farmworker during VR program but did not participate in a migrant or seasonal farmworker project
✶ Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

43. Projects With Industry
Record Position: 213

Identify individuals who participated in a project under the Projects with Industry (PWI) program established in Section 611 of the Act during their VR program.

0 Not in PWI
1 In PWI during VR program
✶ Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

RSA-911 Record Layout

CASE SERVICE REPORT

(RSA-911)

RSA-911 RECORD LAYOUT

RP	ELEMENT	
1	1. Agency Code	
2		
3		
4	2. Social Security Number	
5		
6		
7		
8		
9		
10		
11		
12		
13	3. Closure Order	
14	4. Previous Closure	
15	Year	5. Date of Application
16		
17		
18		
19	Month	
20		
21	Day	
22		
23	Year	6. Date of Birth
24		
25		
26		
27	Month	
28		
29	Day	
30		
31	7. Gender	
32	White	8. Race & Ethnicity
33	Black or African American	
34	American Indian or Alaska Native	
35	Asian	
36	Native Hawaiian or Other Pacific Islander	
37	Hispanic or Latino	
38	9. Source of Referral	
39	10. Level of Education Attained at Application	
40	11. Individualized Education Program (IEP)	
41	12. Living Arrangement at Application	
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43	13 Primary Disability	
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51	15. Employment Status at Application	
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57	17. Hours Worked in a Week at Application	
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59	SSI	18. Type of Public Support at Application
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61	General Assistance	
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64	Workers' Compensation	
65	Other Public Support	
66	SSDI	19. Monthly Public Support Amount at Application
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70	SSI	
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74	TANF	
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77		
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82	20. Primary Source of Support at Application	
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84	Medicare	
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92	Month	
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94	Day	
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96	Year	23. Date of Individualized Plan for Employment (IPE)
97		
98		
99		
100	Month	
101		
102	Day	
103		
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118	Occupational/Vocational Training	
119		
120	On-the-job Training	
121		
122	Basic Academic Remedial or Literacy Training	
123		
124	Job Readiness Training	
125		
126	Disability Related Augmentative Skills Training	
127		
128	Miscellaneous Training	
129		
130	Job Search Assistance	
131		
132	Job Placement Assistance	
133		
134	On-the-job Supports	
135		
136	Transportation	
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138	Maintenance	
139		
140	Rehabilitation Technology	
141		
142	Reader	
143		
144	Interpreter	
145		
146	Personal Attendant	
147		
148	Technical Assistance	
149		
150	Information & Referral	
151		
152	Other	
153		
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155	27. Occupation at Closure	
156		
157		
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161	28. Employment Status at Closure	
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RP	ELEMENT	
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172	SSDI	
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174	Workers' Compensation	
175	Other Public Support	
176	SSDI	33. Monthly Public Support Amount at Closure
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180	SSI	
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194	Medicare	
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197	Private thru Other Means	
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199	37. Reason for Closure	
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CASE SERVICE REPORT

(RSA-911)

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
1. Agency code	1-3	Valid codes listed in Agency Code Table in reporting instructions	1 thru 7
2. Social Security Number	4-12	a. Must be numeric b. If SSN is not available, start the nine-digit number with '99' in RP 4 and 5.	1 thru 7
		c. Use Code ✶✶✶✶✶✶✶✶✶ if information is not available.	1
3. Closure Order	13	a. Valid codes: 1, 2, 3, and so on. b. Individuals whose service records are closed more than once in the FY should have a separate record for each closure.	1 thru 7
4. Previous Closure	14	a. Valid codes: 0 thru 7.	1 thru 7
		b. Use Code ✶ if information is not available.	1
5. Date of Application	15-22	Format YYYYMMDD	1 thru 7
Year	15-18	Code year using all four digits (no blanks).	
Month	19-20	Valid codes: 01 thru 12.	
Day	21-22	Valid codes: 01 thru 31.	
6. Date of Birth	23-30	a. See edit specifications for Element #5 (Date of Application).	1 thru 7
		b. Use Code ✶✶✶✶✶✶✶✶ if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
7. Gender	31	a. Valid codes: 1 or 2.	1 thru 7
		b. Use Code ✶ if information is not available.	1
8. Race and Ethnicity	32-37	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code ✶ in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ in the position if information is not available.	1
9. Source of Referral	38	a. Valid codes: 1 thru 9.	1 thru 7
		b. Use Code ✶ if information is not available.	1
10. Level of Education Attained at Application	39	a. Valid codes: 0 thru 8. **b. If level attained is coded 3 (Special Education Certificate of completion/attendance), then Individualized Education Program should be coded 1 (had an IEP).**	1 thru 7
		c. Use Code ✶ if information is not available.	1
11. Individualized Education Program (IEP)	40	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code ✶ if information is not available.	1
12. Living Arrangement at Application	41-42	a. Valid codes: 01 thru 10.	1 thru 7
		b. Use Code ✶✶ if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
13. Primary Disability	43-46	a. Valid codes listed in Codes for Impairments and Codes for Causes/Sources of Impairments in reporting instructions.	1 thru 7
14. Secondary Disability	47-50		
		b. Use Code ✶✶✶✶ if information is not available.	1
15. Employment Status at Application	51-52	a. Valid codes: 01 thru 11. b. Fill in leading zero when it applies.	1 thru 7.
		c. Use Code ✶✶ if information is not available.	1
16. Weekly Earnings at Application	53-56	a. Valid codes: 0000 thru 9999. b. Fill in leading zeros when they apply. c. Must be numeric. d. Must NOT be negative. **e. Must be greater than 0000 if Employment Status at Application (RP 51-52) equals 01, 02 or 07.**	1 thru 7
		f. Use Code ✶✶✶✶ if information is not available.	1
17. Hours Worked in a Week at Application	57-58	a. Valid codes: 00 thru 99. b. Fill in leading zero when it applies. **c. MUST range 01 thru 99 if Weekly Earnings at Application (RP 53-56) is greater than 0000.** **d. MUST equal 00 if Weekly Earnings at Application equal 0000.**	1 thru 7
		e. Use Code ✶✶ if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
-- Earnings/Hours Comparison	**53-58**	**Calculate hourly wage rate; flag if $50 per hour or more and correct earnings and/or hours, as needed.**[1]	1 thru 7
18. Type of Public Support at Application	59-65	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code ✶ in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ in the position if information is not available.	1
19. Monthly Public Support Amount at Application	66-81	a. Valid codes: 0000 thru 9999 for each position. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater than 0000 if comparable Type of Public Support at Application is coded 1 in any RP 59 thru 65.**	1 thru 7
		f. Use Code ✶✶✶✶ if information is not available due to circumstances beyond the agency's control.	2 thru 7
		g. Use Code ✶✶✶✶ if information is not available.	1

[1] **Agencies are encouraged to set criteria for flagging below $50 per hour.**

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
20. Primary Source of Support at Application	82	a. Valid codes: 1 thru 4.	1 thru 7
		b. Use Code ✶ if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ if information is not available.	1
21. Medical Insurance Coverage at Application	83-87	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code ✶ in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ in the position if information is not available.	1
22. Date of Eligibility Determination	88-95	a. See edit specifications for Element #5 (Date of Application).	3 thru 7
		b. Use Code ✶✶✶✶✶✶✶✶ if records were closed before a determination of eligibility.	1 and 2
23. Date of Individualized Plan for Employment (IPE)	96-103	a. See edit specifications for Element #5 (Date of Application).	3 thru 5
		b. Use Code ✶✶✶✶✶✶✶✶ if records were closed before an IPE is developed.	1, 2, 6 and 7
24. Cost of Purchased Services	104-109	a. Valid codes: 000000 thru 999999. b. MUST be numeric and may not be negative. c. Fill in leading zeros when they apply.	1 thru 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
25. Services Provided	110-153	Valid codes listed in Codes for Vendors/Providers and Codes for Source of Funding in instructions.	1 thru 7
26. Level of Education Attained at Closure	154	a. Valid codes: 0 thru 8. **b. If level attained is coded 3 (Special Education Certificate of completion/attendance), then Individualized Education Program (IEP)(RP 40) should be coded 1.**	1 thru 7
		c. Use Code ✶ if information is not available.	1
27. Occupation at Closure	155-160	a. Valid codes: Except for special VR codes use Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor. b. Fill in leading zeros when they apply. **c. MUST equal 599999 if Employment Status at Closure (RP 161) equals 5.**	3
		d. Use Code ✶✶✶✶✶✶ for all other closure codes.	1, 2, 4, 5, 6 and 7
28. Employment Status at Closure	161	a. Valid codes: 1 thru 7. **b. If code=5, then Occupation at Closure (RP 155-160) MUST equal 599999.**	3
		c. Use code ✶ for all other closure codes.	1, 2, 4, 5, 6 and 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
29. Competitive Employment	162	a. Valid codes: 0 or 1. **b. Must equal 0 if Employment Status (RP 161) is coded 2, 5 or 6.**	3
		c. Use Code ✶ for all other closure codes.	1, 2, 4, 5, 6 and 7
30. Weekly Earnings at Closure	163-166	a. Valid codes: 0000 thru 9999. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater then 0000 if Employment Status (RP 161) equals 1, 2 or 7.**	3
		f. Use Code ✶✶✶✶ for all other closure codes.	1, 2, 4, 5, 6 and 7
31. Hours Worked in a Week at Closure	167-168	a. Valid codes: 00-99. **b. MUST range 01 thru 99 if Weekly earnings at Closure (RP 163-166) is greater than 0000.** **c. MUST be 00 if Weekly Earnings at Closure (RP 163-166) is 0000.**	3
		d. Use Code ✶✶ for all other closure codes.	1, 2, 4, 5, 6 and 7
-- Earnings/Hours Comparison	**163-168**	**Calculate hourly wage rate; flag if $50/hour or more and correct earnings and/or hours, as needed.**[2]	**3**

[2] **Agencies are encouraged to set criteria for flagging below $50/hour.**

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
32. Type of Public Support at Closure	169-175	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code ✶ in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ in the position if the information is not available.	1
33. Monthly Public Support Amount at Closure	176-191	a. Valid codes: 0000 thru 9999 for each position. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater than 0000 if comparable Type of Public Support at Closure (RP 169-175) is coded 1.**	1 thru 7
		f. Use Code ✶✶✶✶ in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		g. Use Code ✶✶✶✶ in the position if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
34. Primary Source of Support at Closure	192	a. Valid codes: 1 thru 4.	1 thru 7.
		b. Use Code ✶ if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ if information is not available.	1
35. Medical Insurance Coverage at Closure	193-197	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code ✶ in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ in the position if the information is not available.	1
36. Type of Closure[3]	198	Valid codes: 1 thru 7.	1 thru 7
37. Reason for Closure	199-200	a. Valid codes: 00 thru 13. **b. Use Code 00 if Type of Closure (RP 198) is Code 3.** **c. Cannot equal Code 08, 09 or 11 if Type of Closure equals 4, 5, 6 or 7.** c. Fill in leading zero when it applies.	1 thru 7

[3] **a.** **If no code or incorrect code entered, entire record will be rejected.**
b. **Counts of each code 1 thru 7 <u>MUST</u>** equal counts derived from the 4th Quarter, Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data, if there are discrepancies in counts of closure between the two systems.

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
38. Date of Closure	201-208	See edit specifications for Element #5 (Date of Application).	1 thru 7
Year	201-204	**a. Must equal Federal Fiscal Year of closure if Month of Closure (RP 205-206) equals 01-09.** **b. Must equal Federal Fiscal Year of Closure minus one if Month of Closure (RP 205-206) equals 10-12.**	
39. Supported Employment Status	209	a. Valid codes: 0 thru 2.	3 thru 5
		b. Use Code ✶ for all other closure codes.	1, 2, 6 and 7
40. Veteran Status	210	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code ✶ if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ if the information is not available.	1
41. Significant Disability	211	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code ✶ if the information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
42. Migrant and Seasonal Farmworkers	212	a. Valid codes: 0 thru 2.	1 thru 7
		b. Use Code ✶ if the information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ if the information is not available.	1
43. Projects With Industry	213	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code ✶ if the information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code ✶ if the information is not available.	1

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UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE
RSA-PD-04-04
DATE: September 30, 2004

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)

SUBJECT: RSA-911 - Case Service Report

POLICY STATEMENT: This is to inform you that the Office of Management and Budget has approved the use of the Case Service Report (RSA-911) through September 30, 2005. The OMB control number for this collection is 1820-0508.

The data elements and record layout have not been changed from those transmitted with PD-03-07 (September 25, 2003). However, some instructions and edit specifications have been revised to clarify previous ambiguities and provide new requirements for reporting data for extended employment closures. A summary of these changes, by element, can be found on pages 3-5 in the reporting manual.

The due date for submitting RSA-911 data is November 30, following the end of a fiscal year. State VR agencies should examine their data for accuracy with the two available edit programs (RSA_ERA and RSA Edit Program) before submitting their file to us. The most current version of the RSA_ERA will be transmitted via the RSA-911 Listserv. The most current version of the RSA Edit program can be downloaded from the following URL: http://216.197.121.123/r911/index.htm. All information must be provided in the format outlined in the edit specifications.

CITATIONS IN LAW: Sections 12(a), 13, 14(a), 101(a)(10), 131 and 626 of the Rehabilitation Act of 1973, as amended.

CITATIONS IN REGULATIONS: 34 CFR 361.38, 361.40 and 361.56.

EFFECTIVE DATE: Immediately upon issuance

EXPIRATION
DATE: September 30, 2005

INQUIRIES
TO: RSA Central Office (202-245-7463) or Regional Offices.

Joanne Wilson
Commissioner

Attachments

CC: American Indian Vocational Rehabilitation Service Programs
Client Assistance Programs
Council of State Administrators of Vocational Rehabilitation
National Association of Protection and Advocacy Systems
National Council for Independent Living
National Organization of Rehabilitation Partners
National Rehabilitation Facilities Coalition
Regional Rehabilitation Continuing Education Programs
RSA Senior Management Team

Reporting Manual for the

CASE SERVICE REPORT

(RSA-911)

STATE-FEDERAL PROGRAM FOR VOCATIONAL REHABILITATION

Reporting Manual for the Case Service Report (RSA-911)

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General Instructions

This section provides detailed edit and relational edit specifications for reporting RSA-911 data in a 213-character record image layout. Records longer than 213 characters will not be evaluated.

Reported records pertain to all individuals whose case records were closed in a given fiscal year. The due date for RSA-911 submittals is November 30 following the Federal fiscal year of reference (October 1 to September 30).

All records submitted **MUST BE UNIQUE**. The Agency Code, Social Security Number, and Closure Order Code determine the "uniqueness" of a given record.

Duplicate records will be rejected. For example, records with codes in positions 1 through 13 that are identical to the codes in another record will be considered duplicates and will be rejected. In order to indicate that a second closure for an individual has taken place in the same Federal fiscal year, use Code 2 in position 13 (Closure Order Code). Use Code 3 for a third closure and Code 4 for a fourth closure.

Records **MUST** include Type of Closure within the valid range of 1 through 7. Counts of each code 1 through 7 must equal counts derived from the 4th Quarter of the Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

All dates in the RSA-911 System must be in the format of YYYYMMDD, where YYYY is Year, MM is Month and DD is Day.

Unless otherwise noted, all fields will be numeric or *'s with no embedded blanks or other special characters.

Actual values must be right justified and zero-filled when reporting amounts for data elements such as Weekly Earnings at Application and Closure, Cost of Case Services, and Monthly Amount of Public Support at Application and Closure. Code values, too, should be right justified and zero-filled. For example, if the Employment Status at Application, is extended employment (Code 02) record 02 and not (blank)2.

Instructions for Preparation of Floppy Diskette, CD-ROM or Electronic Transmittal

1. The floppy diskette or CD-ROM should be in a flat file in the ASCII code set.

2. Data may be recorded on 3.5-inch diskettes or CDs.

3. Each record must be 213 characters in length.

4. The diskette or CD-ROM should have an external label identifying the contents as "RSA-911 Data for BAgXFYNN." where:

   - BA is the official postal abbreviation for your state/territory
   - g is the type of agency – g=general, c=combined and b=blind
   - X is the number of the submission – 1=first, 2=second, etc., and,
   - NN is the last two digits of the reported fiscal year.

5. Use the following convention to name the file containing your R911 data "BAgXFYNN" using the same designators as described above.

6. If you would like to transmit your data electronically, please contact Patricia A. Nash on 202-245-7463 or Mary Naifeh on 520 547-2078 for specific instructions. Electronic transmissions should be compressed and password protected.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0508 (Expiration Date: 09/30/2005). The time required to complete this information collection is estimated to average 45 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Rehabilitation Services Administration, Basic State Grants Branch, 400 Maryland Avenue, S.W., Potomac Center Plaza Building, Room 5009, Washington, DC 20202-2800.

Summary of How PD-04-04 Differs from PD-03-07, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from PD-03-07
Agency code	1-3	Required element for all closure codes.
Closure order	13	Required element for all closure codes.
Competitive employment	162	Deletes reference to “not less than the customary wage and level of benefits paid to individuals who are not disabled doing the same work.”
Cost of purchased services	104-109	
Date of application	15-22	Required element for all closure codes.
Date of birth	23-30	
Date of closure	201-208	Required element for all closure codes.
Date of eligibility determination	88-95	
Date of Individualized Plan for Employment (IPE)	96-103	
Employment status (application)	51-52	
Employment status (closure)	161	
Gender	31	
Hours worked in a week (application)	57-58	
Hours worked in a week (closure)	167-168	No longer required for extended employment closures
Individualized Education Program (IEP)	40	
Level of education attained (application)	39	
Level of education attained (closure)	154	New edit specification.
Living arrangement (application)	41-42	
Medical insurance coverage (application)	83-87	
Medical insurance coverage (closure)	193-197	
Migrant and seasonal farmworkers	212	
Monthly public support amount (application)	66-81	

Summary of How PD-04-04 Differs from PD-03-07, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from PD-03-07
Monthly public support amount (closure)	176-191	
Occupation (closure)	155-160	No longer required for extended employment closures
Previous closure	14	Required element for all closure codes.
Preparation of Floppy Diskette, CD-ROM	NA	Provided convention for labeling disk and naming file
Primary disability	43-46	
Primary source of support (application)	82	Expanded instructions for Code 3
Primary source of support (closure)	192	Expanded instructions for Code 3
Projects-with-Industry	213	
Race and ethnicity	32-37	Required element for all closure codes. Instructions and edit specification revised and expanded.
Reason for closure	199-200	Required element for all closure codes.
Secondary disability	47-50	
Services provided	110-153	Expanded instructions to clarify coding for services provided directly by State VR agency without direct cost.
Significant disability	211	
Social Security Number	4-12	Required element for all closure codes.
Source of referral	38	
Supported employment status	209	
Type of closure	198	Required element for all closure codes.
Type of public support (application)	59-65	
Type of public support (closure)	169-175	
Veteran status	210	

Summary of How PD-04-04 Differs from
PD-03-07, by Data Element in Alphabetical Order

Data element name	Record position	Change, if any, from PD-03-07
Weekly earnings (application)	53-56	Revised edit specifications to require earnings greater than zero for employment codes 03 and 04.
Weekly earnings (closure)	163-166	No longer required for extended employment closures. Revised edit specifications to require earnings greater than zero for employment codes 3 and 4.

Element-by-Element Instructions:

CASE SERVICE REPORT

(RSA-911)

Element-by-Element Instructions

1. Agency Code
   Record Positions: 1-3

Enter the three-digit code assigned to each State vocational rehabilitation (VR) agency from the following list. Please note that codes have been preassigned to nonexistent agencies for individuals who are blind in the event that they are established in the future.

State or territory	Agency Code		State or territory	Agency Code	
	General/ Combined	Blind		General/ Combined	Blind
Alabama	001	057	Montana	029	085
Alaska	002	058	Nebraska	030	086
American Samoa	003	059	Nevada	031	087
Arizona	004	060	New Hampshire	032	088
Arkansas	005	061	New Jersey	033	089
California	006	062	New Mexico	034	090
Colorado	007	063	New York	035	091
Connecticut	008	064	North Carolina	036	092
Delaware	009	065	North Dakota	037	093
Dist. of Columbia	010	066	Northern Marianas	038	094
Florida	011	067	Ohio	039	095
Georgia	012	068	Oklahoma	040	096
Guam	013	069	Oregon	041	097
Hawaii	014	070	Pennsylvania	042	098
Idaho	015	071	Puerto Rico	043	099
Illinois	016	072	Rhode Island	044	100
Indiana	017	073	South Carolina	045	101
Iowa	018	074	South Dakota	046	102
Kansas	019	075	Tennessee	047	103
Kentucky	020	076	Texas	048	104
Louisiana	021	077	Utah	049	105
Maine	022	078	Vermont	050	106
Maryland	023	079	Virginia	051	107
Massachusetts	024	080	Virgin Islands	052	108
Michigan	025	081	Washington	053	109
Minnesota	026	082	West Virginia	054	110
Mississippi	027	083	Wisconsin	055	111
Missouri	028	084	Wyoming	056	112

2. Social Security Number
Record Positions: 4-12

Enter the individual's nine-digit Social Security number (SSN). When a SSN is not available or if the individual prefers not to provide his/her SSN, assign a unique nine-digit number that does not duplicate a genuine SSN. Starting the nine-digit number with the digits "99" in RP 4 and 5 will avoid duplicating a genuine SSN. Asterisks are not permitted in the SSN field.

3. Closure Order
Record Position: 13

Assign the appropriate closure order code for all service records from the list below:

1 First closure of an individual's service record in the FY
2 Second closure of the same individual's service record in the same FY
3 Third closure of the same individual's service record in the same FY, and so on.

If an individual's service record is closed more than once in the FY, the RSA-911 data system must contain a separate record for each closure. Ensure that when a record indicates a closure order code 2, there is another record with a closure order code 1 with an identical SSN for that individual, and so on for all multiple closures in the same FY.

4. Previous Closure
Record Position: 14

Enter the appropriate code listed below to indicate whether the individual had a previous service record closed by the State VR agency within a 36-month period prior to the most recent application for services. If more than one record was closed for the individual within that 36-month period, consider the most recent previous closure. Indicate the type of the previous closure using one of the following codes:

0 No previous closure within 36 months
1 Closed while the individual was an applicant, but before a determination of eligibility
2 Closed while the individual was an applicant, but during or after a trial work experience/extended evaluation
3 Closed after the individual achieved an employment outcome

4 Closed after individual received services, without an employment outcome
5 Closed after an individualized plan for employment (IPE) was signed, but before receiving services
6 Closed from an order of selection wait list
7 Closed after a determination of eligibility, but before an IPE was signed

5. Date of Application

Indicate the date (year, month, and day) that the individual applied for VR services. An individual is considered to have submitted an application when the individual has completed and signed an agency application form or has otherwise requested services; has provided information necessary to initiate an assessment to determine eligibility and priority for services; and is available to complete the assessment process.

Enter the year, month, and day, using the eight-digit protocol described below:

5(a) Year of Application
Record Positions: 15-18

Record the year using all four digits of the year.
Example: 1997, 1998, 2000, 2001, etc.

5(b) Month of Application
Record Positions: 19-20

Record the months as follows:

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

5(c) Day of Application
Record Positions: 21-22

Enter 01, 02, etc., using a "0" prefix for single digit days.

6. Date of Birth

Record date (year, month, and day) of birth using the eight-digit protocol:

6(a) Year of Birth
Record Positions: 23-26

6(b) Month of Birth
Record Positions: 27-28

6(c) Day of Birth
Record Positions: 29-30

Use Code ******** if this information is not available for Closure Code 1.

7. Gender
Record Position: 31

Code as follows:

1 Male
2 Female
* Information is not available for Closure Code 1

8. Race and Ethnicity

Race and ethnicity information should be recorded for all individuals whose service records were closed in the FY. Use Code 0 if the individual is not of that race/ethnicity and Code 1 if the person is of that race/ethnicity.

RSA continues to require self-identification to the greatest extent possible. It is generally expected that the information recorded will reflect the individual's own identification of race and ethnicity from the categories provided. However, if a customer truly refuses to identify his/her race or Hispanic ethnicity status, the counselor should, at a minimum, notify respondents that if they fail to self-identify that observer-identification methods would be used. The counselor or interviewer would then provide the best assessment of the customer's race and Hispanic ethnicity. This guidance follows OMB standards for collecting race/ethnicity data. OMB prefers self-identification methods, but allows for observer-identification methods when necessary.

Both race and ethnicity should be reported. The ethnic category Hispanic or Latino (RP 37) should have a code of 0 or 1 and at least one of the race categories (RP 32 through 36) must be coded as 1 (is this race). Remaining

categories should have codes of 0 (not this race). Since a person can have more than one race, more than one race variable can contain a code of 1 for an individual.

NOTE: It is known that some Hispanic people treat Hispanic ethnicity like a race. Since they cannot relate to race categories, they may refuse or be unable to respond to the race question. In such a case code the person as Hispanic and follow the same procedure for race as the one for individuals who refuse to identify both race and Hispanic ethnicity: notify respondents that if they fail to self-identify then observer-identification methods will be used. The interviewer or counselor should make the best possible judgment and enter a 1 in the race field that best reflects that judgment and enter a 0 in the other race variables. Hispanics may belong to any race group.

Use Code * only if the information is not available due to circumstances beyond the agency's control for closure type 1. Such cases will be few in number. For example, if the customer is never seen, such as an applicant who mails a letter and is then closed without any further contact, one probably would use a code of * because race and ethnicity is not known. This is the type of case for which the asterisk (*) is intended. No blanks are permitted in any category. **Remember: race and ethnicity is one of the 9 essential variables in which data is required for all closure types 1 through 7.**

White
Record Position: 32

Black or African American
Record Position: 33

American Indian or Alaska Native
Record Position: 34

Asian
Record Position: 35

Native Hawaiian or Other Pacific Islander
Record Position: 36

Hispanic or Latino
Record Position: 37

9. Source of Referral
Record Position: 38

Indicate the individual, agency, or other entity that first referred the individual to the State VR agency by using one of the following codes. If the individual approached the VR agency on his/her own, even if based on information provided by the State VR agency, use Code 8 (self-referral).

1 Educational Institutions (elementary/secondary)
2 Educational Institutions (post-secondary)
3 Physician or other Medical Personnel or Medical Institutions (public or private)
4 Welfare Agency (State or local government)
5 Community Rehabilitation Programs
6 Social Security Administration (Disability Determination Service or District office)
7 One-stop Employment/Training Centers
8 Self-referral
9 Other sources
* Information is not available for Closure Code 1

10. Level of Education Attained at Application
Record Position: 39

Record the level of education the individual has attained at the time of application. If an actual educational level is not documented, record an estimated level.

Use the following codes:

0 No formal schooling
1 Elementary education (grades 1-8)
2 Secondary education, no high school diploma (grades 9-12)
3 Special education certificate of completion/diploma or in attendance
4 High school graduate or equivalency certificate (regular education students)
5 Post-secondary education, no degree
6 Associate degree or Vocational/Technical Certificate
7 Bachelor's degree
8 Master's degree or higher
* Information is not available for Closure Code 1

NOTE: Code 3 is intended to capture individuals whose highest level of education is special education. This includes various situations. Use code 3 “Special education certificate of completion/diploma or in attendance”: 1) if the

individual is currently a special education student, 2) if the individual received special education and earned a certificate of completion or high school diploma, or 3) if the individual received special education but did not receive a certificate/diploma.

11. Individualized Education Program (IEP)
Record Position: 40

Use one of the following codes to indicate whether the individual ever received services under an IEP in accordance with the provisions of the Individuals with Disabilities Education Act (IDEA). Use code 1 if the individual was in special education or an ungraded classroom.

0	Did not have an IEP
1	Had an IEP
*	Information is not available for Closure Code 1

12. Living Arrangement at Application
Record Positions: 41-42

Indicate the living arrangements of the individual, either temporarily or permanently, on the date of application to the State VR agency. Codes for this item are as follows:

01	Private Residence (independent, or with family or other person)
02	Community Residential/Group Home
03	Rehabilitation Facility
04	Mental Health Facility
05	Nursing Home
06	Adult Correctional Facility
07	Halfway House
08	Substance Abuse Treatment Center
09	Homeless/Shelter
10	Other
**	Information is not available for Closure Code 1

13. Primary Disability
Record Positions: 43-46

Enter the four-digit code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000. Use Code **** if the information is not available for Closure Code 1.

14. Secondary Disability
Record Positions: 47-50

Enter the four-digit code that best describes the secondary disability. This is the physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment. The number reported is a combination of the impairment code and cause/source code. Enter Code 0000 to indicate that the individual does not have a secondary disability. Use Code **** if the information is not available for Closure Code 1.

CODES FOR IMPAIRMENTS

00 No impairment

SENSORY/COMMUNICATIVE IMPAIRMENTS:

01 Blindness
02 Other Visual Impairments
03 Deafness, Primary Communication Visual
04 Deafness, Primary Communication Auditory
05 Hearing Loss, Primary Communication Visual
06 Hearing Loss, Primary Communication Auditory
07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
08 Deaf-Blindness
09 Communicative Impairments (expressive/receptive)

PHYSICAL IMPAIRMENTS:

10 Mobility Orthopedic/Neurological Impairments
11 Manipulation/Dexterity Orthopedic/Neurological Impairments

12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
13 Other Orthopedic Impairments (e.g., limited range of motion)
14 Respiratory Impairments
15 General Physical Debilitation (fatigue, weakness, pain, etc.)
16 Other Physical Impairments (not listed above)

MENTAL IMPAIRMENTS:

17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
19 Other Mental Impairments

CODES FOR CAUSES/SOURCES OF IMPAIRMENTS

00 Cause unknown
01 Accident/Injury (other than TBI or SCI)
02 Alcohol Abuse or Dependence
03 Amputations
04 Anxiety Disorders
05 Arthritis and Rheumatism
06 Asthma and other Allergies
07 Attention-Deficit Hyperactivity Disorder (ADHD)
08 Autism
09 Blood Disorders
10 Cancer
11 Cardiac and other Conditions of the Circulatory System
12 Cerebral Palsy
13 Congenital Condition or Birth Injury
14 Cystic Fibrosis
15 Depressive and other Mood Disorders
16 Diabetes Mellitus
17 Digestive
18 Drug Abuse or Dependence (other than alcohol)
19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20 End-Stage Renal Disease and other Genitourinary System Disorders
21 Epilepsy
22 HIV and AIDS
23 Immune Deficiencies excluding HIV/AIDS
24 Mental Illness (not listed elsewhere)
25 Mental Retardation
26 Multiple Sclerosis
27 Muscular Dystrophy
28 Parkinson's Disease and other Neurological Disorders

29 Personality Disorders
30 Physical Disorders/Conditions (not listed elsewhere)
31 Polio
32 Respiratory Disorders other than Cystic Fibrosis or Asthma
33 Schizophrenia and other Psychotic Disorders
34 Specific Learning Disabilities
35 Spinal Cord Injury (SCI)
36 Stroke
37 Traumatic Brain Injury (TBI)

15. Employment Status at Application
Record Positions: 51-52

Enter the two-digit code which best describes the employment status of the individual at application from the following. Fill in leading zero when it applies.

01 Employment without Supports in Integrated Setting
02 Extended Employment
03 Self-employment (except BEP)
04 State Agency-managed Business Enterprise Program (BEP)
05 Homemaker
06 Unpaid Family Worker
07 Employment with Supports in Integrated Setting
08 Not employed: Student in Secondary Education
09 Not employed: All other Students
10 Not employed: Trainee, Intern or Volunteer
11 Not employed: Other
** Information is not available for Closure Code 1

The first seven codes are considered "employment" for purposes of this item. Individuals not meeting the definitions for Codes 01 to 07 below would be classified as "not employed" (Codes 08 to 11) at the time of application for services.

Employment Codes (Codes 01-07)

01 - Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.

02 - Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered,

industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.

03 - Self-employment (except BEP) refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms.

04 - State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate. Individuals capable of activity outside the home, as well as homebound individuals, may engage in such employment.

05 - Homemaker refers to men and women whose activity is keeping house for persons in their households or for themselves if they live alone.

06 - Unpaid Family Worker is an individual who works without pay on a family farm or in a family business.

07 - Employment with Supports in Integrated Setting is full time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. For purposes of this report, compensation for such employment may be below, at, or above the minimum wage.

Not employed (Codes 08-11)

08 - Student in Secondary Education

09 - All other Students are persons attending school full or part-time other than students in secondary education.

10 - Trainee, Intern or Volunteer refers to persons engaging in unpaid work experiences, internships or volunteer work for purposes of increasing their employability. Such individuals may receive a stipend to defray the cost of transportation or other incidental expenses.

11 - Other refers to persons not in any of the other categories (e.g., persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities).

When an individual's work activity overlaps into two different employment categories, select the code more descriptive of the individual's employment activity at application.

16. Weekly Earnings at Application
Record Positions: 53-56

Enter the amount of money (to the nearest dollar) earned in a typical week at the time of application. If the individual had no earnings, enter 0000. If the person had earnings of $9999 or more, use 9999. Fill in leading zeros when they apply. For example, record 0055 for those earning $55 at the time of application. Use Code **** if the information is not available for Closure Code 1

This item collects data on the cash earnings of individuals at application and includes all wages, salaries, tips, and commissions received as income before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

SPECIAL CASES: To preclude misleading results such as a negative earnings situation, the following instructions are provided:

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month.

When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses that are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.

Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

17. Hours Worked in a Week at Application
Record Positions: 57-58

Enter the number of hours an individual worked for earnings in a typical week at the time of application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter 00. If the person worked 99 or more hours in one week, enter 99. Fill in leading zero when it applies. For example, enter 06 for an individual who worked six (6) hours. Use Code ** if the information is not available for Closure Code 1.

18. Type of Public Support at Application

Enter a Code 0 or a Code 1 in each of the following seven record positions to indicate whether the individual was receiving that type of public support at application. Use Code 0 to indicate that the person did not receive public support from the source cited and Code 1 to indicate receipt of support payment from the source cited. One payment is sufficient to establish "receipt". Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Position: 59

Temporary Assistance for Needy Families (TANF)
Record Position: 60

General Assistance (State or local government)
Record Position: 61

Social Security Disability Insurance (SSDI)
Record Position: 62

Veterans' Disability Benefits
Record Position: 63

Workers' Compensation
Record Position: 64

Other Public Support
Record Position: 65

Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.

Other Public Support payments are cash payments to individuals, not listed, and include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments.

19. Monthly Public Support Amount at Application

Enter the amount of money (to the nearest dollar) received by the individual each month in the form of public support payments at the time of application for the sources listed below. If the individual receives two or more types of support, record the amount from each source. Fill in leading zeros for amounts under $1000. If no public assistance payments were received, enter 0000. If payments totaled $9999 or more, use 9999. Use Code **** in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Social Security Disability Insurance (SSDI)
Record Positions: 66-69

Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Positions: 70-73

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Temporary Assistance for Needy Families (TANF)

Record Positions: 74-77

Enter the amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.

All other Public Support
Record Positions: 78-81

Enter the monthly amount of public support received from General Assistance, Veteran's Disability Benefits, Workers' Compensation and all other sources of public support not listed (see Item 18).

20. Primary Source of Support at Application
Record Position: 82

Enter a code from the list below to indicate the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support.

NOTE: If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income). If a person is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, – use code 3 as the primary source of support.

Primary Source of Support Codes:

1 Personal Income (earnings, interest, dividends, rent)
2 Family and Friends
3 Public Support (SSI, SSDI, TANF, etc.)
4 All other sources (e.g., private disability insurance and private charities)
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

21. Medical Insurance Coverage at Application

Record whether an individual had medical insurance coverage at the time he/she applied for VR services. Enter a Code 0 or Code 1 in each of the following record positions. Use Code 0 if the individual had no medical coverage and Code 1 if the individual had that type of medical insurance coverage. Persons with no medical insurance coverage would be coded 0 for each type of medical insurance listed. Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Medicaid
Record Position: 83

Medicare
Record Position: 84

Public Insurance from Other Sources
Record Position: 85

Private Insurance Through own Employment
Record Position: 86

Private Insurance Through other Means
Record Position: 87

22. Date of Eligibility Determination

Record the date (year, month, and day) that an eligibility determination was made. For individuals whose service records were closed before a determination of eligibility, use Code ********.

For those individuals who were initially determined to be eligible but later in the VR process were determined to be ineligible because of changed circumstances, record just the date they were determined eligible in this field. For all others, enter the date that the initial determination was made that they were either eligible or ineligible.

Code date of eligibility determination using eight-digit protocol.

22(a) Year eligibility was determined
Record Positions: 88-91

22(b) Month eligibility was determined
Record Positions: 92-93

22(c) Day eligibility was determined
Record Positions: 94-95

23. Date of Individualized Plan for Employment (IPE)

Record the date (year, month, and day) on which the first IPE for the individual became effective. For purposes of this data element, assume that the IPE is effective on the date on which both parties reach agreement. If the two signatures bear two different dates, the later date should govern. If an individual's service record is closed before an IPE is developed, use Code ********.

Code date of IPE using the eight-digit protocol.

23(a) Year IPE became effective
Record Positions: 96-99

23(b) Month IPE became effective
Record Positions: 100-101

23(c) Day IPE became effective
Record Positions: 102-103

24. Cost of Purchased Services
Record Positions: 104-109

Enter, to the nearest dollar, the total amount of money spent by the State VR agency to purchase services for an individual, over the life of the current service record.

Include all expenditures made to public and/or private vendors, individuals or an organization. Include expenditures for all types of purchased services such as assessment, training, medical services, maintenance, transportation, tuition for higher education, rehabilitation technology services, personal assistance, or any other rehabilitation services. Exclude costs incurred for program administration and for salaries of counselors and other staff. Also exclude costs for services provided by rehabilitation programs owned and operated by the State VR agency that are not directly billed on an individual basis.

If an individual's service record is closed without an expense having been incurred by the State agency, enter 000000. If the agency expended $999,999 or more, enter 999999. Fill in leading zeros when they apply.

25. Services Provided

Enter the appropriate two-digit code to indicate the vendor and source of funding for each service listed. Services must have been provided to the individual in determining eligibility and/or in developing and carrying out the IPE.

Include all services furnished over the life of the current service record whether paid for with VR funds or from other sources (comparable services). If an individual received the same service from more than one provider, record only the major provider.

The first digit identifies the vendor or provider of the service. The second digit indicates the source of funding. Use Code 00 if a service was not provided to an individual. Funding Code 0 should only be used if the service was not provided to an individual. If a service was provided directly by the State VR agency without a direct cost use Code 11.

Codes for Vendors/Providers:

0 Not provided
1 Provided directly by State VR agency
2 Provided by Community Rehabilitation Programs in the Public Sector (owned and managed by Federal, State, or local government, such as those run by State VR agencies).
3 Provided by Community Rehabilitation Programs in the Private Sector (owned and managed by non-governmental entities, such as individuals, associations, corporations, etc.)
4 Provided by One-stop Employment/Training Centers
5 Provided by other Public Sources
6 Provided by other Private Sources

Codes for Source of Funding

0 Not provided
1 VR funds
2 Non-VR Sources
3 Combination of VR and Other Sources

Assessment
Record Positions: 110-111

Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a State VR agency that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Include here trial work experiences and extended evaluation.

Diagnosis and Treatment of Impairments
Record Positions: 112-113

Diagnosis and treatment of impairments means:

a) Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;

b) Diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;

c) Dentistry;

d) Nursing services;

e) Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;

f) Drugs and supplies;

g) Prosthetic, orthotic, or other assistive devices, including hearing aids;

h) Eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other visual aids prescribed by personnel who meet State licensure laws and are selected by the individual;

i) Podiatry;

j) Physical therapy;

k) Occupational therapy;

l) Speech or hearing therapy;

m) Mental health services;

n) Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services or that are inherent in the condition under treatment;

o) Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

p) Other medical or medically related rehabilitation services.

Vocational Rehabilitation Counseling and Guidance
Record Positions: 114-115

Vocational rehabilitation counseling and guidance means discrete therapeutic counseling and guidance services that are necessary for an individual to achieve an employment outcome, including personal adjustment counseling, counseling that addresses medical, family, or social issues, vocational counseling, and any other form of counseling and guidance that is necessary for an individual with a disability to achieve an employment outcome. This service is distinct from the general counseling and guidance relationship that exists between the counselor and the individual during the entire rehabilitation process.

Training

General note: Training services are designed to help the individual improve educationally or vocationally or to adjust to the functional limitations of his or her impairment. If the individual receives more than one type of training, each type should be recorded.

College or University Training
Record Positions: 116-117

Full-time or part-time academic training above the high school level leading to a degree (associate, baccalaureate, graduate, or professional), a certificate or other recognized educational credential. Such training may be provided by a four-year college or university, community college, junior college, or technical college.

Occupational/Vocational Training
Record Positions: 118-119

Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree or certification.

On-the-job Training
Record Positions: 120-121

Training in specific job skills by a prospective employer. Generally the individual is paid during this training and will remain in the same or a similar job upon successful completion. Also include apprenticeship-training programs conducted or sponsored by an employer, a group of employers, or a joint apprenticeship committee representing both employers and a union.

Basic Academic Remedial or Literacy Training
Record Positions: 122-123

Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market.

Job Readiness Training
Record Positions: 124-125

Training to prepare an individual for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity).

Disability Related Augmentative Skills Training
Record Positions: 126-127

Disability related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; Braille; speech reading; sign language; and cognitive training/retraining.

Miscellaneous Training
Record Positions: 128-129

Any training not recorded in one of the other categories listed, including GED or high school training leading to a diploma.

Job-Related Services

General note: Job-related services include job search assistance, job placement assistance, and on-the-job support services.

Job Search Assistance
Record Positions: 130-131

Job search activities support and assist a consumer in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer.

Job Placement Assistance
Record Positions: 132-133

Job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

On-the-job Supports
Record Positions: 134-135

Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Such services include job coaching, follow-up and follow-along, and job retention services.

Transportation Services
Record Positions: 136-137

Transportation, including adequate training in the use of public transportation vehicles and systems, means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service. Examples of transportation services/expenses include, but are not limited to:

a) Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the individual to travel to participate in any VR service;

b) Relocation expenses incurred by the individual in connection with a job placement that is a significant distance from the individual's current residence;

c) The purchase and repair of vehicles, including vans, but not the modification of these vehicles; and

d) Training in the use of public transportation vehicles and systems.

Maintenance
Record Positions: 138-139

Maintenance means monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and VR needs or while receiving services under an IPE. Examples of maintenance expenses include, but are not limited to:

a) cost of uniforms or other suitable clothing required for an individual's job placement or job seeking activities;

b) cost of short-term expenses, such as food and shelter, that are required in order for an individual to participate in assessment or vocational training at a site that is not within commuting distance of an individual's home;

c) initial one-time costs, such as security deposits or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement; and

d) costs of an individual's participation in enrichment activities related to that individual's training program.

Rehabilitation Technology
Record Positions: 140-141

General note: Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes the following:

Rehabilitation Engineering Service

Rehabilitation engineering is the systematic application of engineering sciences to design, develop, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

Assistive Technology Devices

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

Assistive Technology Services

Assistive technology service is any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services may include:

a) evaluating the needs of an individual with a disability, including a functional evaluation of the individual in his/her customary environment;

b) purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;

c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

e) training or providing technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and

f) training or providing technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities to the extent that training or technical assistance is necessary for an individual with a disability to achieve an employment outcome.

NOTE: It is possible for these services to be classifiable under any of the other service categories.

Personal Assistance Services

General note: Personal assistance services are a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

Three distinct services that are considered personal assistance services are reader services, interpreter services, and personal attendant services. Further information on recording each of these services follows. Record only whether and which of these services were provided to the individual (e.g., if the same person provided both reader service and personal attendant service to an individual, indicate both services).

Reader Services
Record Positions: 142-143

Reader services are for individuals who cannot read print because of blindness or other disability. Reader services include, in addition to reading aloud, transcription of printed information into Braille or sound recordings if the individual requests such transcription. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.

Interpreter Services
Record Positions: 144-145

Interpreter services are sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Specially trained individuals perform sign language or oral interpretation. Also include here real-time captioning services for persons who are deaf or hard of hearing. Do not include language interpretation in this category, but in "other services".

Personal Attendant Services
Record Positions: 146-147

Personal attendant services are those personal services that an attendant performs for an individual with a disability such as bathing, feeding, dressing, providing mobility and transportation, etc.

Technical Assistance Services
Record Positions: 148-149

Technical assistance and other consultation services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.

Information and Referral Services
Record Positions: 150-151

Information and referral services are provided to individuals who need services from other agencies (through cooperative agreements) not available through the VR program.

Other Services
Record Positions: 152-153

Use this category for all other VR services that cannot be recorded elsewhere. Included here are occupational licenses, tools and equipment, initial stocks and supplies. Medical care for acute conditions arising during rehabilitation and constituting a barrier to the achievement of an employment outcome is also included in this category.

26. Level of Education Attained At Closure
Record Position: 154

Record the level of education the individual had attained when the service record was closed. If an actual educational level is not documented, record an estimated level.

Use the following codes:

0	No formal schooling
1	Elementary education (grades 1-8)
2	Secondary education, no high school diploma (grades 9-12)
3	Special education certificate of completion/diploma or in attendance
4	High school graduate or equivalency certificate (regular education students)
5	Post-secondary education, no degree
6	Associate degree or Vocational/Technical Certificate
7	Bachelor's degree
8	Master's degree or higher
*	Information is not available for Closure Code 1

NOTE: Code 3 is intended to capture individuals whose highest level of education is special education. This includes various situations. Use code 3 “Special education certificate of completion/diploma or in attendance”: 1) if the individual is currently a special education student, 2) if the individual received special education and earned a certificate of completion or high school diploma, or 3) if the individual received special education but did not receive a certificate/diploma.

27. Occupation at Closure
Record Positions: 155-160

For an individual who achieved an employment outcome, enter a six-digit code to describe the individual's occupation when the service record was closed.

Using the Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor, enter the first six digits of the appropriate DOT code. Fill in leading zeros when they apply. Closure into an architectural occupation, for example, should be recorded as 001061.

For the four employment situations unique to the VR program, use the special codes indicated below. These codes do not duplicate any six-digit codes in the DOT structure:

599999 Homemaker (own home) refers to men and women whose activity is keeping house for their families, or themselves if they live alone.

799999 Unpaid family worker (own family), not elsewhere classified use only if the type of unpaid family work cannot be classified according to any of the DOT occupations. An unpaid family worker is one who works without pay on a family farm or in a family business.

899999 Randolph-Sheppard vending facility clerk use this category for persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable in the DOT. Do not include vending facility operators (999999), or individuals employed in vending facilities outside the Vending Facility Program (use their DOT occupation code).

999999 Randolph-Sheppard vending facility operator use this category for individuals employed as operators or managers of vending facilities operated under the Vending Facility Program. Use this special code even though these occupations are classifiable in the DOT. Do not include vending facility clerks (899999), or individuals employed as vending facility

operators outside the Randolph-Sheppard Vending Facility Program (use their DOT occupation code).

Special Codes

599999	Homemaker
799999	Unpaid family worker, not classifiable in another DOT code
899999	Randolph-Sheppard vending facility clerk
999999	Randolph-Sheppard vending facility operator
******	Use this code for all closure types other than code 3

28. Employment Status at Closure
Record Position: 161

For an individual who achieved an employment outcome, enter the applicable one-digit code that describes the employment outcome of the individual when his or her service record was closed. Codes 1 and 3 through 7 are applicable for individuals who achieved an employment outcome (closure type 3). Code 2 applies only to an individual who received services and was placed in extended employment, which is no longer an employment outcome. Such an individual would have a closure type of 4. Use Code * for all closure types other than 3 and for closure type 4 cases not placed in extended employment. If classifying the individual into two different employment statuses from Codes 1-7 is possible, select a code designating the principal status.

1 Employment without Supports in Integrated Setting
2 Extended Employment (Applies only to closure type 4 with a reason for closure of 14.)
3 Self-employment (except BEP)
4 State Agency-managed Business Enterprise Program (BEP)
5 Homemaker
6 Unpaid Family Worker
7 Employment with Supports in Integrated Setting

1 - Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.

2 - Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered, industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare

for competitive employment. This code applies only to an individual who received services and was placed in extended employment, which is no longer an employment outcome. The appropriate closure type for such placements is 4 with a reason for closure of 14.

3 - Self-employment (except BEP) is work for profit or fees including operating one's own business, farm, shop or office. "Self-employment" includes sharecroppers, but not wage earners on farms.

4 - State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or a piece-rate. Individuals capable of activity outside the home, as well as by homebound individuals, may engage in such employment.

5 - Homemaker refers to men and women whose activity is keeping house for persons in their households or for themselves if they live alone.

6 - Unpaid Family Worker refers to persons who work without pay on a family farm or in a family business.

7 - Employment with Supports in Integrated Setting is full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. For purposes of this report, compensation for such employment may be below, at, or above the minimum wage.

29. Competitive Employment
Record Position: 162

Enter a one-digit code to indicate whether the individual achieved competitive employment at the time the service record was closed. For purposes of this report, competitive employment is employment in an integrated setting, self-employment or a state-managed Business Enterprise Program (BEP) that is performed on a full-time or part-time basis for which an individual is compensated at or above the minimum wage. Minimum wage is the Federal or State minimum wage, whichever is higher.

Coding this item requires accurately applying several criteria to each individual. Specifically, item #36, type of closure, has a code of 3; item #28, employment status at closure, has a code of 1, 3, 4 or 7; the hourly wage (weekly earnings, item #30/hours worked, item #31) is at least equal to the higher of the federal or

state minimum wage. Therefore, Code 1 in this item will be a subset of the total number of individuals coded 1, 3, 4 or 7 in Item #28. Use Code 0 in this item for individuals in Item #28, Codes 1, 3, 4 or 7, who did not meet the definition of competitive employment. Also use Code 0 for individuals whose service records were closed as homemakers, or unpaid family workers (Codes 5 or 6 in Item #28). Use Code * for closure types other than 3.

0 Not competitively employed
1 Competitively employed

Instructions for the accurate computation of hourly earnings for reporting competitive employment

The RSA 911 requires submission of weekly earnings and weekly hours worked in integers: file specifications do not permit the entry of either cents or partial hours. Hourly wages are computed by dividing the weekly earnings by the weekly hours worked. For hourly earnings that are at or near the applicable minimum wage, an individual making the minimum hourly wage may appear to be making less than the minimum wage. For example, a person making $5.15 per hour and working 1 hour each week, would have a weekly earnings of $5 if one used mathematical rounding rules to report weekly earnings.

To accurately report those individuals who make the minimum hourly wage and, at the same time, not introduce error by incorrectly identifying those who are not competitively employed use the following:

Continue to report weekly earnings and hours worked in integers. Round both of these variables using mathematical rules except for those cases where the individual makes the minimum wage or more but whose combination of weekly earnings and hours worked would result in a computation of hourly wages that would be less than the minimum wage. For those cases, round the weekly earnings up and report this higher amount. Round up these cases and only these cases.

In mathematical rounding rules, values of .5 or more are rounded up and values less than .5 are rounded down. Thus $5.50 becomes $6 and $6.45 also becomes $6. An example of an exception to the application of mathematical rounding rules occurs in a situation in which a person works for 35 hours per week at $5.15 per hour. (Assumption: federal minimum wage is the applicable minimum wage.) The computed weekly wage of $180.25 would be rounded down to $180 if mathematical rounding rules were applied. However, if weekly earnings were reported as $180 then the computed hourly wage would be $5.143 which is less than the federal minimum wage of $5.15. Consequently, this person would appear to be not competitively employed when in fact he/she was. In order to accurately reflect this individual's competitive employment status at the applicable minimum wage, weekly earnings would be rounded up to $181

and reported as such on the RSA911. The computed hourly wage would then be $5.17.

30. Weekly Earnings at Closure
Record Positions: 163-166

Enter the amount of money (to the nearest dollar) the individual earned in a typical week after achieving an employment outcome. Earnings for this purpose include all income from wages, salaries, tips, and commissions before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

SPECIAL CASES: To preclude misleading results such as a negative earnings situation, the following instructions are provided:

> Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month.
>
> When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses that are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.
>
> Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

If the individual had no earnings, enter 0000. If the individual's earnings were $9999 or more, enter 9999. Fill in leading zeros when they apply (e.g., 0128 for individuals earning $128 in a typical week after achieving an employment outcome). Use Code **** for closure types other than 3.

31. Hours Worked in a Week at Closure
Record Positions: 167-168

For an individual who achieved an employment outcome, enter the number of hours the individual worked for earnings in a typical week when the service record was closed. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter 00. If the person worked 99 or more hours in one week, enter 99. Fill in leading zero when it applies. Use Code ** for closure types other than 3.

32. Type of Public Support at Closure

Enter a Code 0 or a Code 1 in each of the following seven record positions to indicate whether the individual was receiving that type of public support at closure. Use Code 0 to indicate no public support and Code 1 to indicate receipt of support payment from the source cited. One payment is sufficient to establish "receipt". Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Position: 169

Temporary Assistance for Needy Families (TANF)
Record Position: 170

General Assistance (State or local government)
Record Position: 171

Social Security Disability Insurance (SSDI)
Record Position: 172

Veterans' Disability Benefits
Record Position: 173

Workers' Compensation
Record Position: 174

Other Public Support
Record Position: 175

Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.

Other Public Support payments are cash payments to individuals, not listed, and include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments.

33. Monthly Public Support Amount at Closure

Enter the monthly amount of money (to the nearest dollar) received by the individual as public support payments at the time the service record was closed for the sources listed below. If the individual receives two or more types of support, record the amount from each source. Fill in leading zeros for amounts under $1000. If no public assistance payments were received, enter 0000. If payments totaled $9999 or more, use 9999. Use Code **** in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Social Security Disability Insurance (SSDI)
Record Positions: 176-179

Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Positions: 180-183

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Temporary Assistance for Needy Families (TANF)
Record Positions: 184-187

Enter the amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.

All other Public Support
Record Positions: 188-191

Enter the monthly amount of public support received from General Assistance, Veteran's Disability Benefits, Workers' Compensation and all other sources of public support not listed (see Item 32).

34. Primary Source of Support at Closure
Record Position: 192

Enter a code from the list below to indicate the individual's largest single source of economic support at the time the service record was closed, even if it accounts for less than one-half of the individual's total support.

NOTE: If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income). If a person is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, – use code 3 as the primary source of support.

Primary Source of Support Codes:

1 Personal Income (earnings, interest, dividends, rent)
2 Family and Friends
3 Public Support (SSI, SSDI, TANF, etc.)
4 All other sources (e.g., private disability insurance and private charities)
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

35. Medical Insurance Coverage at Closure

Record whether an individual had medical insurance coverage when his/her service record was closed. Enter a Code 0 or Code 1 in each of the following record positions. Use Code 0 if the individual had no medical coverage and Code 1 if the individual had that type of medical insurance coverage. Persons with no medical insurance coverage would be coded 0 for each type of medical insurance listed. Use Code * in the position if the information is not available for

Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Medicaid
Record Position: 193

Medicare
Record Position: 194

Public Insurance from Other Sources
Record Position: 195

Private Insurance Through own Employment
Record Position: 196

Private Insurance Through other Means
Record Position: 197

36. Type of Closure
Record Position: 198

Enter a one-digit code from the following list to indicate when in the VR process an individual exited the program:

1 Exited as an applicant (Line D7 on RSA-113)
2 Exited during or after a trial work experience/extended evaluation (Line D6 on RSA-113)
3 Exited with an employment outcome (Line D1 on RSA-113)
4 Exited without an employment outcome, after receiving services (Line D2 on RSA-113)
5 Exited without an employment outcome, after a signed IPE, but before receiving services (Line D4 on RSA-113)
6 Exited from an order of selection waiting list (Line D5 on RSA-113)
7 Exited without an employment outcome, after eligibility, but before an IPE was signed (Line D3 on RSA-113)

Counts of each code 1 through 7 must equal comparable figures reported in Section D of the agency's 4th quarter RSA-113 (Quarterly Cumulative Caseload Report). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

37. Reason for Closure
Record Positions: 199-200

Enter a two-digit code that identifies the reason for closing the service record of an individual. The code 00 applies only to cases with a code of 3 in item #36, type of closure. Codes of 01 or higher apply to all other types of closure, viz. 1, 2, 4, 5, 6, and 7. Fill in leading zero when it applies.

00 Achieved employment outcome (applicable only to closure type 3).

01 Unable to locate or contact
Use this code when the individual has moved without a forwarding address or is otherwise unavailable. Also use this code for persons who have left the State and show no intentions of continuing in their VR program.

02 Disability too significant to benefit from VR services
Use this code to identify an individual whose mental or physical disability is so significant that the individual cannot benefit from VR services in terms of employment.

03 Refused Services or Further Services
Use this code for individuals who choose not to participate or continue in their VR program at this time.

04 Death

05 Individual in Institution
Use this code when an individual has entered an institution and will be unavailable to participate in a VR program for an indefinite or considerable period of time. An institution includes a hospital, a nursing home, a prison or jail, a treatment center, etc.

06 Transferred to another agency
Use this code when an individual needs services that are more appropriately obtained elsewhere. Transfer to the other agency indicates that appropriate referral information is forwarded to the other agency so that agency may provide services more effectively. Include individuals transferred to other State VR agencies.

07 Failure to cooperate
Use this code to indicate when an individual's actions (or non-actions) make it impossible to begin or continue a VR program. Failure to cooperate includes repeated failures to keep appointments for assessment, counseling, or other services.

08 No disabling condition
Use this code only for applicants who are not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment, e.g., a broken bone that heals.

09 No impediment to employment
Use this code for applicants who are not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment.

10 Transportation not feasible or available
Use this code to indicate that the individual was unable to accept or maintain employment because suitable transportation was either not feasible or not available.

11 Does not require VR services
Use this code for applicants who do not require VR services to prepare for, enter into, engage in, or retain gainful employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

12 Extended services not available
Use this code for individuals who would have benefited from the provision of supported employment services but for whom no source of extended services was available.

13 All other reasons
This code is used for all reasons not covered by Codes 01 to 12 or 14.

14 Extended employment
Use this code for individuals who received services and were placed in a non-integrated setting for a public or non-profit organization. See employment status code 2 for further information.

38. Date of Closure

Record the date (year, month, and day) when the individual's service record was closed by the State VR agency. Use the eight-digit date protocol.

38(a) Year of Closure
Record Positions: 201-204

38(b) Month of Closure

Record Positions: 205-206

38(c) Day of Closure
Record Positions: 207-208

39. Supported Employment Status
Record Position: 209

Enter a one-digit code to indicate (a) whether the individual's IPE specified an employment outcome/vocational goal in a supported employment setting and (b) if so, whether any supported employment services were charged to funds provided under Title VI-B of the Act. Use code 1 or 2, as applicable, if, at any time during the VR process, supported employment was established as a goal for the individual in his/her IPE. Use one of the following codes:

0 Not supported employment
1 Supported employment with some Title VI-B funds expended
2 Supported employment but no Title VI-B funds expended
* Closure Codes 1, 2, 6 and 7 or information is not available, for closure codes 3, 4 and 5, due to circumstances beyond the agency's control

NOTE: The term "supported employment" means competitive work in integrated work settings, or employment in integrated work settings, in which individuals are working toward competitive employment, for individuals with the most significant disabilities who require intensive supported employment services in order to perform such work.

40. Veteran Status
Record Position: 210

Enter a one-digit code to indicate if the individual had served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable.

0 Not a veteran
1 Veteran
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

41. Significant Disability
Record Position: 211

Enter a one-digit code to indicate whether the individual was considered an individual with a significant disability at any time during his/her VR program. An individual with a significant disability is an individual:

a) who has a physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

b) whose VR can be expected to require multiple VR services over an extended period of time; and

c) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and VR needs to cause comparable substantial functional limitation.

0 No Significant Disability
1 Significant Disability
* Information is not available for Closure Code 1

42. Migrant and Seasonal Farmworkers
Record Position: 212

Identify individuals who participated in a migrant or seasonal farm worker's project under Section 304 of the Act during their VR program.

0 Was not a migrant or seasonal farm worker during VR program
1 Participated in a migrant or seasonal farm worker project under Section 304 of the Act during VR program
2 Was a migrant or seasonal farm worker during VR program but did not participate in a migrant or seasonal farm worker project

* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

43. Projects With Industry
Record Position: 213

Identify individuals who participated in a project under the Projects with Industry (PWI) program established in Section 611 of the Act during their VR program.

0 Not in PWI
1 In PWI during VR program
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

RSA-911 Record Layout

CASE SERVICE REPORT

(RSA-911)

RSA-911 RECORD LAYOUT

RP	ELEMENT	
1	1. Agency Code	
2		
3		
4	2. Social Security Number	
5		
6		
7		
8		
9		
10		
11		
12		
13	3. Closure Order	
14	4. Previous Closure	
15	Year	5. Date of Application
16		
17		
18		
19	Month	
20		
21	Day	
22		
23	Year	6. Date of Birth
24		
25		
26		
27	Month	
28		
29	Day	
30		
31	7. Gender	
32	White	8. Race & Ethnicity
33	Black or African American	
34	American Indian or Alaska Native	
35	Asian	
36	Native Hawaiian or Other Pacific Islander	
37	Hispanic or Latino	
38	9. Source of Referral	
39	10. Level of Education Attained at Application	
40	11. Individualized Education Program (IEP)	
41	12. Living Arrangement at Application	
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43	13 Primary Disability	
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46		
47	14. Secondary Disability	
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51	15. Employment Status at Application	
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55		
56		
57	17. Hours Worked in a Week at Application	
58		
59	SSI	18. Type of Public Support at Application
60	TANF	
61	General Assistance	
62	SSDI	
63	Veteran's Disability	
64	Worker's Compensation	
65	Other Public Support	
66	SSDI	19. Monthly Public Support Amount at Application
67		
68		
69		
70	SSI	
71		
72		
73		
74	TANF	
75		
76		
77		
78	All Other Public Support	
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80		
81		
82	20. Primary Source of Support at Application	
83	Medicaid	21. Medical Insurance Coverage at Application
84	Medicare	
85	Public Insurance from Other Sources	
86	Private thru Own Employment	
87	Private thru Other Means	
88	Year	22. Date of Eligibility Determination
89		
90		
91		
92	Month	
93		
94	Day	
95		
96	Year	23. Date of Individualized Plan for Employment (IPE)
97		
98		
99		
100	Month	
101		
102	Day	
103		

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115		
116	College or University Training	
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118	Occupational/Vocational Training	
119		
120	On-the-job Training	
121		
122	Basic Academic Remedial or Literacy Training	
123		
124	Job Readiness Training	
125		
126	Disability Related Augmentative Skills Training	
127		
128	Miscellaneous Training	
129		
130	Job Search Assistance	
131		
132	Job Placement Assistance	
133		
134	On-the-job Supports	
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136	Transportation	
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138	Maintenance	
139		
140	Rehabilitation Technology	
141		
142	Reader	
143		
144	Interpreter	
145		
146	Personal Attendant	
147		
148	Technical Assistance	
149		
150	Information & Referral	
151		
152	Other	
153		
154	26. Level of Education Attained at Closure	
155	27. Occupation at Closure	
156		
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158		
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162	29. Competitive Employment	
163	30. Weekly Earnings at Closure	
164		
165		
166		
167	31. Hours Worked at Closure	
168		
169	SSI	32. Type of Public Support at Closure
170	TANF	
171	General Assistance	
172	SSDI	
173	Veteran's Disability	
174	Workers' Compensation	
175	Other Public Support	
176	SSDI	33. Monthly Public Support Amount at Closure
177		
178		
179		
180	SSI	
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184	TANF	
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194	Medicare	
195	Public Insurance from Other Sources	
196	Private thru Own Employment	
197	Private thru Other Means	
198	36. Type of Closure	
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203		
204		
205	Month	
206		
207	Day	
208		
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210	40. Veteran Status	
211	41. Significant Disability	
212	42. Migrant & Seasonal Farm workers	
213	43. Projects With Industry	

Edit Specifications by Element

CASE SERVICE REPORT

(RSA-911)

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
1. Agency code	1-3	Valid codes listed in Agency Code Table in reporting instructions	1 thru 7 **REQUIRED ELEMENT**
2. Social Security Number	4-12	a. Must be numeric b. If SSN is not available, start the nine-digit number with '99' in RP 4 and 5.	1 thru 7 **REQUIRED ELEMENT**
3. Closure Order	13	a. Valid codes: 1, 2, 3, and so on. b. Individuals whose service records are closed more than once in the FY should have a separate record for each closure.	1 thru 7 **REQUIRED ELEMENT**
4. Previous Closure	14	Valid codes: 0 thru 7.	1 thru 7 **REQUIRED ELEMENT**
5. Date of Application Year Month Day	15-22 15-18 19-20 21-22	Format YYYYMMDD Code year using all four digits (no blanks). Cannot be prior to 1921. Valid codes: 01 thru 12. Valid codes: 01 thru 31.	1 thru 7 **REQUIRED ELEMENT**
6. Date of Birth	23-30	a. See edit specifications for Element #5 (Date of Application).	1 thru 7
		b. Use Code ******** if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
7. Gender	31	a. Valid codes: 1 or 2.	1 thru 7
		b. Use Code * if information is not available.	1
8. Race and Ethnicity	32-37	a. Valid codes: 0 or 1 for each position. **b. Entries are required for both Hispanic ethnicity and race. Hispanic ethnicity should have a code of 0 or 1 and at least one of the race categories must be coded as 1.**	1 thru 7 **REQUIRED ELEMENT**
		c. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	1
9. Source of Referral	38	a. Valid codes: 1 thru 9.	1 thru 7
		b. Use Code * if information is not available.	1
10. Level of Education Attained at Application	39	a. Valid codes: 0 thru 8. **b. If level attained is coded 3 (Special Education Certificate of completion/diploma or in attendance), then Individualized Education Program should be coded 1 (had an IEP).**	1 thru 7
		c. Use Code * if information is not available.	1
11. Individualized Education Program (IEP)	40	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if information is not available.	1
12. Living Arrangement at Application	41-42	a. Valid codes: 01 thru 10.	1 thru 7
		b. Use Code ** if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
13. Primary Disability	43-46	a. Valid codes listed in Codes for Impairments and Codes for Causes/Sources of Impairments in reporting instructions.	1 thru 7
14. Secondary Disability	47-50		
		b. Use Code **** if information is not available.	1
15. Employment Status at Application	51-52	a. Valid codes: 01 thru 11. b. Fill in leading zero when it applies.	1 thru 7.
		c. Use Code ** if information is not available.	1
16. Weekly Earnings at Application	53-56	a. Valid codes: 0000 thru 9999. b. Fill in leading zeros when they apply. c. Must be numeric. d. Must NOT be negative. **e. Must be greater than 0000 if Employment Status at Application (RP 51-52) equals 01, 02, 03, 04 or 07.**	1 thru 7
		f. Use Code **** if information is not available.	1
17. Hours Worked in a Week at Application	57-58	a. Valid codes: 00 thru 99. b. Fill in leading zero when it applies. **c. MUST range 01 thru 99 if Weekly Earnings at Application (RP 53-56) is greater than 0000.** **d. MUST equal 00 if Weekly Earnings at Application equal 0000.**	1 thru 7
		e. Use Code ** if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
-- Earnings/Hours Comparison	**53-58**	**Calculate hourly wage rate; verify if $40 per hour or more and correct earnings and/or hours, as needed.**[1]	1 thru 7
18. Type of Public Support at Application	59-65	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if information is not available.	1
19. Monthly Public Support Amount at Application	66-81	a. Valid codes: 0000 thru 9999 for each position. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater than 0000 if comparable Type of Public Support at Application is coded 1 in any RP 59 thru 65.** **f. If amount for a given type of public support is 0000, the code for receipt of that type of public support (RP 59 thru 65) is expected to be 0.**	1 thru 7
		g. Use Code **** if information is not available due to circumstances beyond the agency's control.	2 thru 7
		h. Use Code **** if information is not available.	1

[1] **Agencies are encouraged to set criteria for flagging below $40 per hour.**

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
20. Primary Source of Support at Application	82	a. Valid codes: 1 thru 4.	1 thru 7
		b. Use Code * if information is not available due to circumstances beyond the agency's control.	2, 4 thru 7
		c. Use Code * if information is not available.	1
21. Medical Insurance Coverage at Application	83-87	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if information is not available.	1
22. Date of Eligibility Determination	88-95	a. See edit specifications for Element #5 (Date of Application).	3 thru 7
		b. Use Code ******** if records were closed before a determination of eligibility.	1 and 2
23. Date of Individualized Plan for Employment (IPE)	96-103	a. See edit specifications for Element #5 (Date of Application).	3 thru 5
		b. Use Code ******** if records were closed before an IPE is developed.	1, 2, 6 and 7
24. Cost of Purchased Services	104-109	a. Valid codes: 000000 thru 999999. b. MUST be numeric and may not be negative. c. Fill in leading zeros when they apply.	1 thru 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
25. Services Provided	110-153	Valid codes listed in Codes for Vendors/Providers and Codes for Source of Funding in instructions.	1 thru 7
26. Level of Education Attained at Closure	154	a. Valid codes: 0 thru 8. b. Level attained at closure must be greater than or equal to level at application. **c. If level attained is coded 3 (Special Education Certificate of completion/diploma or in attendance), then Individualized Education Program (IEP)(RP 40) should be coded 1.**	1 thru 7
		d. Use Code * if information is not available.	1
27. Occupation at Closure	155-160	a. Valid codes: Except for special VR codes use Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor. b. Fill in leading zeros when they apply. **c. MUST equal 599999 if Employment Status at Closure (RP 161) equals 5.**	3
		d. Use Code ****** for all other closure codes.	1, 2, 4, 5, 6 and 7
28. Employment Status at Closure	161	a. Valid codes: 1, and 3 thru 7. **b. If code=5, then Occupation at Closure (RP 155-160) MUST equal 599999.**	3
		c. Valid code: 2. A code of 2 is applicable only to closure type (RP 198) 4.	4
		d. Use code * for all other closure codes.	1, 2, 4, 5, 6 and 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
29. Competitive Employment	162	a. Valid codes: 0 or 1. **b. Must equal 0 if Employment Status (RP 161) is coded 5 or 6.**	3
		c. Use Code * for all other closure codes.	1, 2, 4, 5, 6 and 7
30. Weekly Earnings at Closure	163-166	a. Valid codes: 0000 thru 9999. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater then 0000 if Employment Status (RP 161) equals 1, 3, 4 or 7.**	3
		f. Use Code **** for all other closure codes.	1, 2, 4, 5, 6 and 7
31. Hours Worked in a Week at Closure	167-168	a. Valid codes: 00-99. **b. MUST range 01 thru 99 if Weekly earnings at Closure (RP 163-166) are greater than 0000.** **c. MUST be 00 if Weekly Earnings at Closure (RP 163-166) is 0000.**	3
		d. Use Code ** for all other closure codes.	1, 2, 4, 5, 6 and 7
-- Earnings/Hours Comparison	**163-168**	**Calculate hourly wage rate; verify if $40/hour or more and correct earnings and/or hours, as needed.**[2]	**3**

[2] **Agencies are encouraged to set criteria for flagging below $40/hour.**

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
32. Type of Public Support at Closure	169-175	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if the information is not available.	1
33. Monthly Public Support Amount at Closure	176-191	a. Valid codes: 0000 thru 9999 for each position. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater than 0000 if comparable Type of Public Support at Closure (RP 169-175) is coded 1.** **f. If amount for a given type of public support is 0000, the code for receipt of that type of public support (RP 169 thru 175) is expected to be 0.**	1 thru 7
		g. Use Code **** in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		h. Use Code **** in the position if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
34. Primary Source of Support at Closure	192	a. Valid codes: 1 thru 4.	1 thru 7.
		b. Use Code * if information is not available due to circumstances beyond the agency's control.	2, 4 thru 7
		c. Use Code * if information is not available.	1
35. Medical Insurance Coverage at Closure	193-197	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if the information is not available.	1
36. Type of Closure[3]	198	Valid codes: 1 thru 7.	1 thru 7 **REQUIRED ELEMENT**

[3] **Counts of each code 1 thru 7 <u>MUST</u>** equal counts derived from the 4th Quarter, Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data, if there are discrepancies in counts of closure between the two systems.

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
37. Reason for Closure	199-200	a. Valid codes: 00 thru 14. **b. Use Code 00 if Type of Closure (RP 198) is Code 3.** **c. Cannot equal Code 08, 09 or 11 if Type of Closure equals 4, 5, 6 or 7.** **d. The reason for closure code of 14 is applicable only if Type of Closure equals 4 AND Employment Status at Closure (RP 161) equals 2 (extended employment).** e. Fill in leading zero when it applies.	1 thru 7 **REQUIRED ELEMENT**
38. Date of Closure	201-208	See edit specifications for Element #5 (Date of Application).	1 thru 7 **REQUIRED ELEMENT**
Year	201-204	**a. Must equal Federal Fiscal Year of closure if Month of Closure (RP 205-206) equals 01-09.** **b. Must equal Federal Fiscal Year of Closure minus one if Month of Closure (RP 205-206) equals 10-12.**	
39. Supported Employment Status	209	a. Valid codes: 0 thru 2.	3 thru 5
		b. Use Code * if information is not available due to circumstances beyond the agency's control..	3 thru 5
		c. Use Code * for all other closure codes	1, 2, 6 and 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
40. Veteran Status	210	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * if the information is not available.	1
41. Significant Disability	211	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if the information is not available.	1
		c. If Type of Public Support (SSDI) is coded 1 at application (RP 62) or closure (RP 172), then significant disability should be coded 1.	1 thru 7
42. Migrant and Seasonal Farmworkers	212	a. Valid codes: 0 thru 2.	1 thru 7
		b. Use Code * if the information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * if the information is not available.	1
43. Projects With Industry	213	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if the information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * if the information is not available.	1

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UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

POLICY DIRECTIVE
RSA-PD-06-01
DATE: October 24, 2005

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)

SUBJECT: RSA-911 - Case Service Report

POLICY STATEMENT: This is to inform you that the Office of Management and Budget (OMB) has approved the use of the Case Service Report (RSA-911) through October 31, 2008. The OMB control number for this collection is 1820-0508.

The data elements and record layout have not been changed from those transmitted with PD-04-04 (September 30, 2004).

The due date for submitting RSA-911 data is November 30, following the end of a fiscal year. State VR agencies should examine their data for accuracy with the RSA_ERA Program before submitting their file to us. The most current version of the RSA_ERA can be downloaded from the following URL: http://www.scvrd.net/g_eralink.html. We also recommend using the RSA 911 Frequency Distribution Table Application to examine your data. This is a supplemental table generator that allows comparison of data over multiple fiscal years. Although it is useful, agencies are not required to use it. The application is available on the Internet at http://www.rsadev.net/r911. All information must be provided in the format outlined in the edit specifications.

The transition from the Dictionary of Occupational Title (DOT) to Standard Occupational Classification (SOC) codes in the RSA 911 data is scheduled for October 1, 2006, the first day of FY 2007. Beginning with FY 2007, RSA 911 occupational data must be reported using SOC codes. Until then, the RSA 911data will continue to require DOT codes. It is important that all agencies report similar data for a given year. For FY 2005 and FY 2006, agencies need to report DOT codes in Record Positions (RPs) 155-160. Beginning in FY 2007, agencies will report SOC codes in RPs 155-160. RSA has developed a crosswalk of DOT to SOC codes. It is available on the Internet at the following URL or Internet address: http://www.ed.gov/rschstat/eval/rehab/support/doc-soc.xls.

CITATIONS IN LAW: Sections 12(a), 13, 14(a), 101(a)(10), 131 and 626 of the Rehabilitation Act of 1973, as amended.

CITATIONS IN REGULATIONS: 34 CFR 361.38, 361.40 and 361.56.

EFFECTIVE DATE: Immediately upon issuance

EXPIRATION DATE: October 31, 2008

INQUIRIES TO: RSA Central Office, (202) 245-7488

Edward Anthony, Ph.D.
Delegated the authority to
Perform the functions of
Commissioner for Rehabilitation
Services Administration

Attachments

CC: Client Assistance Programs
Council of State Administrators of Vocational Rehabilitation
National Disability Rights Network
Regional Rehabilitation Continuing Education Programs

Reporting Manual for the

CASE SERVICE REPORT

(RSA-911)

STATE-FEDERAL PROGRAM FOR VOCATIONAL REHABILITATION

Reporting Manual for the Case Service Report (RSA-911)

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General Instructions

This section provides detailed edit and relational edit specifications for reporting RSA-911 data in a 213-character record image layout. Records longer than 213 characters will not be evaluated.

Reported records pertain to all individuals whose case records were closed in a given fiscal year. The due date for RSA-911 submittals is November 30 following the Federal fiscal year of reference (October 1 to September 30).

All records submitted **MUST BE UNIQUE**. The Agency Code, Social Security Number, and Closure Order Code determine the "uniqueness" of a given record.

Duplicate records will be rejected. For example, records with codes in positions 1 through 13 that are identical to the codes in another record will be considered duplicates and will be rejected. In order to indicate that a second closure for an individual has taken place in the same Federal fiscal year, use Code 2 in position 13 (Closure Order Code). Use Code 3 for a third closure and Code 4 for a fourth closure.

Records **MUST** include Type of Closure within the valid range of 1 through 7. Counts of each code 1 through 7 must equal counts derived from the 4th Quarter of the Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

All dates in the RSA-911 System must be in the format of YYYYMMDD, where YYYY is Year, MM is Month and DD is Day.

Unless otherwise noted, all fields will be numeric or *'s with no embedded blanks or other special characters.

Actual values must be right justified and zero-filled when reporting amounts for data elements such as Weekly Earnings at Application and Closure, Cost of Case Services, and Monthly Amount of Public Support at Application and Closure. Code values, too, should be right justified and zero-filled. For example, if the Employment Status at Application, is extended employment (Code 02) record 02 and not (blank)2.

Instructions for Preparation of Floppy Diskette, CD-ROM or Electronic Transmittal

1. The floppy diskette or CD-ROM should be in a flat file in the ASCII code set.

2. Data may be recorded on 3.5-inch diskettes or CDs.

3. Each record must be 213 characters in length.

4. The diskette or CD-ROM should have an external label identifying the contents as "RSA-911 Data for BAgXFYNN." where:

   - BA is the official postal abbreviation for your state/territory
   - g is the type of agency – g=general, c=combined and b=blind
   - X is the number of the submission – 1=first, 2=second, etc., and,
   - NN is the last two digits of the reported fiscal year.

5. Use the following convention to name the file containing your R911 data "BAgXFYNN" using the same designators as described above.

6. If you would like to transmit your data electronically, send it zipped and password protected. If you need additional information, contact Mary Naifeh on 520-547-2078 or Vernita Washington on 202-245-7479 for specific instructions. Electronic transmissions should be compressed and password protected.

7. RSA-911 data on CDs or floppy disks can be sent using private carriers such as FEDEX, UPS or another private carrier to the following address:

   US Department of Education
   State Monitoring and Program Improvement Division
   Data Collection and Analysis Unit
   ATTN: Vernita Washington
   550 12th Street, S.W., PCP 5011
   Washington, DC 20202-2800

8. To send RSA-911 data via the US Postal Service, please send it to:

US Department of Education
State Monitoring and Program Improvement Division
Data Collection and Analysis Unit
ATTN: Vernita Washington, PCP 5011
7100 Old Landover Road
Landover, Maryland 20785-1506

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0508 (Expiration Date: 10/31/2008). The time required to complete this information collection is estimated to average 45 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Rehabilitation Services Administration, Basic State Grants Branch, 400 Maryland Avenue, S.W., Potomac Center Plaza Building, Room 5009, Washington, DC 20202-2800.

Element-by-Element Instructions:

CASE SERVICE REPORT

(RSA-911)

Element-by-Element Instructions

1. Agency Code
   Record Positions: 1-3

Enter the three-digit code assigned to each State vocational rehabilitation (VR) agency from the following list. Please note that codes have been preassigned to nonexistent agencies for individuals who are blind in the event that they are established in the future.

State or territory	Agency Code		State or territory	Agency Code	
	General/ Combined	Blind		General/ Combined	Blind
Alabama	001	057	Montana	029	085
Alaska	002	058	Nebraska	030	086
American Samoa	003	059	Nevada	031	087
Arizona	004	060	New Hampshire	032	088
Arkansas	005	061	New Jersey	033	089
California	006	062	New Mexico	034	090
Colorado	007	063	New York	035	091
Connecticut	008	064	North Carolina	036	092
Delaware	009	065	North Dakota	037	093
Dist. of Columbia	010	066	Northern Marianas	038	094
Florida	011	067	Ohio	039	095
Georgia	012	068	Oklahoma	040	096
Guam	013	069	Oregon	041	097
Hawaii	014	070	Pennsylvania	042	098
Idaho	015	071	Puerto Rico	043	099
Illinois	016	072	Rhode Island	044	100
Indiana	017	073	South Carolina	045	101
Iowa	018	074	South Dakota	046	102
Kansas	019	075	Tennessee	047	103
Kentucky	020	076	Texas	048	104
Louisiana	021	077	Utah	049	105
Maine	022	078	Vermont	050	106
Maryland	023	079	Virginia	051	107
Massachusetts	024	080	Virgin Islands	052	108
Michigan	025	081	Washington	053	109
Minnesota	026	082	West Virginia	054	110
Mississippi	027	083	Wisconsin	055	111
Missouri	028	084	Wyoming	056	112

2. Social Security Number
Record Positions: 4-12

Enter the individual's nine-digit Social Security number (SSN). When a SSN is not available or if the individual prefers not to provide his/her SSN, assign a unique nine-digit number that does not duplicate a genuine SSN. Starting the nine-digit number with the digits "99" in RP 4 and 5 will avoid duplicating a genuine SSN. Asterisks are not permitted in the SSN field.

3. Closure Order
Record Position: 13

Assign the appropriate closure order code for all service records from the list below:

1 First closure of an individual's service record in the FY
2 Second closure of the same individual's service record in the same FY
3 Third closure of the same individual's service record in the same FY, and so on.

If an individual's service record is closed more than once in the FY, the RSA-911 data system must contain a separate record for each closure. Ensure that when a record indicates a closure order code 2, there is another record with a closure order code 1 with an identical SSN for that individual, and so on for all multiple closures in the same FY.

4. Previous Closure
Record Position: 14

Enter the appropriate code listed below to indicate whether the individual had a previous service record closed by the State VR agency within a 36-month period prior to the most recent application for services. If more than one record was closed for the individual within that 36-month period, consider the most recent previous closure. Indicate the type of the previous closure using one of the following codes:

0 No previous closure within 36 months
1 Closed while the individual was an applicant, but before a determination of eligibility
2 Closed while the individual was an applicant, but during or after a trial work experience/extended evaluation
3 Closed after the individual achieved an employment outcome

4 Closed after individual received services, without an employment outcome
5 Closed after an individualized plan for employment (IPE) was signed, but before receiving services
6 Closed from an order of selection wait list
7 Closed after a determination of eligibility, but before an IPE was signed

5. Date of Application

Indicate the date (year, month, and day) that the individual applied for VR services. An individual is considered to have submitted an application when the individual has completed and signed an agency application form or has otherwise requested services; has provided information necessary to initiate an assessment to determine eligibility and priority for services; and is available to complete the assessment process.

Enter the year, month, and day, using the eight-digit protocol described below:

5(a) Year of Application
Record Positions: 15-18

Record the year using all four digits of the year.
Example: 1997, 1998, 2000, 2001, etc.

5(b) Month of Application
Record Positions: 19-20

Record the months as follows:

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

5(c) Day of Application
Record Positions: 21-22

Enter 01, 02, etc., using a "0" prefix for single digit days.

6. Date of Birth

Record date (year, month, and day) of birth using the eight-digit protocol:

6(a) Year of Birth
Record Positions: 23-26

6(b) Month of Birth
Record Positions: 27-28

6(c) Day of Birth
Record Positions: 29-30

Use Code ******** if this information is not available for Closure Code 1.

7. Gender
Record Position: 31

Code as follows:

1	Male
2	Female
*	Information is not available for Closure Code 1

8. Race and Ethnicity

Race and ethnicity information should be recorded for all individuals whose service records were closed in the FY. Use Code 0 if the individual is not of that race/ethnicity and Code 1 if the person is of that race/ethnicity.

RSA continues to require self-identification to the greatest extent possible. It is generally expected that the information recorded will reflect the individual's own identification of race and ethnicity from the categories provided. However, if a customer truly refuses to identify his/her race or Hispanic ethnicity status, the counselor should, at a minimum, notify respondents that if they fail to self-identify that observer-identification method would be used. The counselor or interviewer would then provide the best assessment of the customer's race and Hispanic ethnicity. This guidance follows OMB standards for collecting race/ethnicity data. OMB prefers self-identification methods, but allows for observer-identification methods when necessary.

Both race and ethnicity should be reported. The ethnic category Hispanic or Latino (RP 37) should have a code of 0 or 1 and at least one of the race categories (RP 32 through 36) must be coded as 1 (is this race). Remaining

categories should have codes of 0 (not this race). Since a person can have more than one race, more than one race variable can contain a code of 1 for an individual.

NOTE: It is known that some Hispanic people treat Hispanic ethnicity like a race. Since they cannot relate to race categories, they may refuse or be unable to respond to the race question. In such a case code the person as Hispanic and follow the same procedure for race as the one for individuals who refuse to identify both race and Hispanic ethnicity: notify respondents that if they fail to self-identify then observer-identification methods will be used. The interviewer or counselor should make the best possible judgment and enter a 1 in the race field that best reflects that judgment and enter a 0 in the other race variables. Hispanics may belong to any race group.

Use Code * only if the information is not available due to circumstances beyond the agency's control for closure type 1. Such cases will be few in number. For example, if the customer is never seen, such as an applicant who mails a letter and is then closed without any further contact, one probably would use a code of * because race and ethnicity is not known. This is the type of case for which the asterisk (*) is intended. No blanks are permitted in any category. **Remember: race and ethnicity is one of the 9 essential variables in which data is required for all closure types 1 through 7.**

White
Record Position: 32

Black or African American
Record Position: 33

American Indian or Alaska Native
Record Position: 34

Asian
Record Position: 35

Native Hawaiian or Other Pacific Islander
Record Position: 36

Hispanic or Latino
Record Position: 37

9. Source of Referral
Record Position: 38

Indicate the individual, agency, or other entity that first referred the individual to the State VR agency by using one of the following codes. If the individual approached the VR agency on his/her own, even if based on information provided by the State VR agency, use Code 8 (self-referral).

1 Educational Institutions (elementary/secondary)
2 Educational Institutions (post-secondary)
3 Physician or other Medical Personnel or Medical Institutions (public or private)
4 Welfare Agency (State or local government)
5 Community Rehabilitation Programs
6 Social Security Administration (Disability Determination Service or District office)
7 One-stop Employment/Training Centers
8 Self-referral
9 Other sources
* Information is not available for Closure Code 1

10. Level of Education Attained at Application
Record Position: 39

Record the level of education the individual has attained at the time of application. If an actual educational level is not documented, record an estimated level.

Use the following codes:

0 No formal schooling
1 Elementary education (grades 1-8)
2 Secondary education, no high school diploma (grades 9-12)
3 Special education certificate of completion/diploma or in attendance
4 High school graduate or equivalency certificate (regular education students)
5 Post-secondary education, no degree
6 Associate degree or Vocational/Technical Certificate
7 Bachelor's degree
8 Master's degree or higher
* Information is not available for Closure Code 1

NOTE: Code 3 is intended to capture individuals whose highest level of education is special education. This includes various situations. Use code 3 “Special education certificate of completion/diploma or in attendance”: 1) if the

individual is currently a special education student, 2) if the individual received special education and earned a certificate of completion or high school diploma, or 3) if the individual received special education but did not receive a certificate/diploma.

11. Individualized Education Program (IEP)
Record Position: 40

Use one of the following codes to indicate whether the individual ever received services under an IEP in accordance with the provisions of the Individuals with Disabilities Education Act (IDEA). Use code 1 if the individual was in special education or an ungraded classroom.

0	Did not have an IEP
1	Had an IEP
*	Information is not available for Closure Code 1

12. Living Arrangement at Application
Record Positions: 41-42

Indicate the living arrangements of the individual, either temporarily or permanently, on the date of application to the State VR agency. Codes for this item are as follows:

01	Private Residence (independent, or with family or other person)
02	Community Residential/Group Home
03	Rehabilitation Facility
04	Mental Health Facility
05	Nursing Home
06	Adult Correctional Facility
07	Halfway House
08	Substance Abuse Treatment Center
09	Homeless/Shelter
10	Other
**	Information is not available for Closure Code 1

13. Primary Disability
Record Positions: 43-46

Enter the four-digit code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000. Use Code **** if the information is not available for Closure Code 1.

14. Secondary Disability
Record Positions: 47-50

Enter the four-digit code that best describes the secondary disability. This is the physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment. The number reported is a combination of the impairment code and cause/source code. Enter Code 0000 to indicate that the individual does not have a secondary disability. Use Code **** if the information is not available for Closure Code 1.

CODES FOR IMPAIRMENTS

00 No impairment

SENSORY/COMMUNICATIVE IMPAIRMENTS:

01 Blindness
02 Other Visual Impairments
03 Deafness, Primary Communication Visual
04 Deafness, Primary Communication Auditory
05 Hearing Loss, Primary Communication Visual
06 Hearing Loss, Primary Communication Auditory
07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
08 Deaf-Blindness
09 Communicative Impairments (expressive/receptive)

PHYSICAL IMPAIRMENTS:

10 Mobility Orthopedic/Neurological Impairments
11 Manipulation/Dexterity Orthopedic/Neurological Impairments

12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
13 Other Orthopedic Impairments (e.g., limited range of motion)
14 Respiratory Impairments
15 General Physical Debilitation (fatigue, weakness, pain, etc.)
16 Other Physical Impairments (not listed above)

MENTAL IMPAIRMENTS:

17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
19 Other Mental Impairments

CODES FOR CAUSES/SOURCES OF IMPAIRMENTS

00 Cause unknown
01 Accident/Injury (other than TBI or SCI)
02 Alcohol Abuse or Dependence
03 Amputations
04 Anxiety Disorders
05 Arthritis and Rheumatism
06 Asthma and other Allergies
07 Attention-Deficit Hyperactivity Disorder (ADHD)
08 Autism
09 Blood Disorders
10 Cancer
11 Cardiac and other Conditions of the Circulatory System
12 Cerebral Palsy
13 Congenital Condition or Birth Injury
14 Cystic Fibrosis
15 Depressive and other Mood Disorders
16 Diabetes Mellitus
17 Digestive
18 Drug Abuse or Dependence (other than alcohol)
19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20 End-Stage Renal Disease and other Genitourinary System Disorders
21 Epilepsy
22 HIV and AIDS
23 Immune Deficiencies excluding HIV/AIDS
24 Mental Illness (not listed elsewhere)
25 Mental Retardation
26 Multiple Sclerosis
27 Muscular Dystrophy
28 Parkinson's Disease and other Neurological Disorders

29 Personality Disorders
30 Physical Disorders/Conditions (not listed elsewhere)
31 Polio
32 Respiratory Disorders other than Cystic Fibrosis or Asthma
33 Schizophrenia and other Psychotic Disorders
34 Specific Learning Disabilities
35 Spinal Cord Injury (SCI)
36 Stroke
37 Traumatic Brain Injury (TBI)

15. Employment Status at Application
Record Positions: 51-52

Enter the two-digit code which best describes the employment status of the individual at application from the following. Fill in leading zero when it applies.

01 Employment without Supports in Integrated Setting
02 Extended Employment
03 Self-employment (except BEP)
04 State Agency-managed Business Enterprise Program (BEP)
05 Homemaker
06 Unpaid Family Worker
07 Employment with Supports in Integrated Setting
08 Not employed: Student in Secondary Education
09 Not employed: All other Students
10 Not employed: Trainee, Intern or Volunteer
11 Not employed: Other
** Information is not available for Closure Code 1

The first seven codes are considered "employment" for purposes of this item. Individuals not meeting the definitions for Codes 01 to 07 below would be classified as "not employed" (Codes 08 to 11) at the time of application for services.

Employment Codes (Codes 01-07)

01 - Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.

02 - Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered,

industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.

03 - Self-employment (except BEP) refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms.

04 - State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate. Individuals capable of activity outside the home, as well as homebound individuals, may engage in such employment.

05 - Homemaker refers to men and women whose activity is keeping house for persons in their households or for themselves if they live alone.

06 - Unpaid Family Worker is an individual who works without pay on a family farm or in a family business.

07 - Employment with Supports in Integrated Setting is full time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. For purposes of this report, compensation for such employment may be below, at, or above the minimum wage.

Not employed (Codes 08-11)

08 - Student in Secondary Education

09 - All other Students are persons attending school full or part-time other than students in secondary education.

10 - Trainee, Intern or Volunteer refers to persons engaging in unpaid work experiences, internships or volunteer work for purposes of increasing their employability. Such individuals may receive a stipend to defray the cost of transportation or other incidental expenses.

11 - Other refers to persons not in any of the other categories (e.g., persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities).

When an individual's work activity overlaps into two different employment categories, select the code more descriptive of the individual's employment activity at application.

16. Weekly Earnings at Application
Record Positions: 53-56

Enter the amount of money (to the nearest dollar) earned in a typical week at the time of application. If the individual had no earnings, enter 0000. If the person had earnings of $9999 or more, use 9999. Fill in leading zeros when they apply. For example, record 0055 for those earning $55 at the time of application. Use Code **** if the information is not available for Closure Code 1

This item collects data on the cash earnings of individuals at application and includes all wages, salaries, tips, and commissions received as income before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

SPECIAL CASES: To preclude misleading results such as a negative earnings situation, the following instructions are provided:

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month.

When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses that are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.

Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

17. Hours Worked in a Week at Application
Record Positions: 57-58

Enter the number of hours an individual worked for earnings in a typical week at the time of application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter 00. If the person worked 99 or more hours in one week, enter 99. Fill in leading zero when it applies. For example, enter 06 for an individual who worked six (6) hours. Use Code ** if the information is not available for Closure Code 1.

18. Type of Public Support at Application

Enter a Code 0 or a Code 1 in each of the following seven record positions to indicate whether the individual was receiving that type of public support at application. Use Code 0 to indicate that the person did not receive public support from the source cited and Code 1 to indicate receipt of support payment from the source cited. One payment is sufficient to establish "receipt". Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Position: 59

Temporary Assistance for Needy Families (TANF)
Record Position: 60

General Assistance (State or local government)
Record Position: 61

Social Security Disability Insurance (SSDI)
Record Position: 62

Veterans' Disability Benefits
Record Position: 63

Workers' Compensation
Record Position: 64

Other Public Support
Record Position: 65

Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.

Other Public Support payments are cash payments to individuals, not listed, and include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments.

19. Monthly Public Support Amount at Application

Enter the amount of money (to the nearest dollar) received by the individual each month in the form of public support payments at the time of application for the sources listed below. If the individual receives two or more types of support, record the amount from each source. Fill in leading zeros for amounts under $1000. If no public assistance payments were received, enter 0000. If payments totaled $9999 or more, use 9999. Use Code **** in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Social Security Disability Insurance (SSDI)
Record Positions: 66-69

Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Positions: 70-73

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Temporary Assistance for Needy Families (TANF)

Record Positions: 74-77

Enter the amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.

All other Public Support
Record Positions: 78-81

Enter the monthly amount of public support received from General Assistance, Veteran's Disability Benefits, Workers' Compensation and all other sources of public support not listed (see Item 18).

20. Primary Source of Support at Application
Record Position: 82

Enter a code from the list below to indicate the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support.

NOTE: If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income). If a person is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, – use code 3 as the primary source of support.

Primary Source of Support Codes:

1 Personal Income (earnings, interest, dividends, rent)
2 Family and Friends
3 Public Support (SSI, SSDI, TANF, etc.)
4 All other sources (e.g., private disability insurance and private charities)
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

21. Medical Insurance Coverage at Application

Record whether an individual had medical insurance coverage at the time he/she applied for VR services. Enter a Code 0 or Code 1 in each of the following record positions. Use Code 0 if the individual had no medical coverage and Code 1 if the individual had that type of medical insurance coverage. Persons with no medical insurance coverage would be coded 0 for each type of medical insurance listed. Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Medicaid
Record Position: 83

Medicare
Record Position: 84

Public Insurance from Other Sources
Record Position: 85

Private Insurance Through own Employment
Record Position: 86

Private Insurance Through other Means
Record Position: 87

22. Date of Eligibility Determination

Record the date (year, month, and day) that an eligibility determination was made. For individuals whose service records were closed before a determination of eligibility, use Code ********.

For those individuals who were initially determined to be eligible but later in the VR process were determined to be ineligible because of changed circumstances, record just the date they were determined eligible in this field. For all others, enter the date that the initial determination was made that they were either eligible or ineligible.

Code date of eligibility determination using eight-digit protocol.

22(a) Year eligibility was determined
Record Positions: 88-91

22(b) Month eligibility was determined
Record Positions: 92-93

22(c) Day eligibility was determined
Record Positions: 94-95

23. Date of Individualized Plan for Employment (IPE)

Record the date (year, month, and day) on which the first IPE for the individual became effective. For purposes of this data element, assume that the IPE is effective on the date on which both parties reach agreement. If the two signatures bear two different dates, the later date should govern. If an individual's service record is closed before an IPE is developed, use Code ********.

Code date of IPE using the eight-digit protocol.

23(a) Year IPE became effective
Record Positions: 96-99

23(b) Month IPE became effective
Record Positions: 100-101

23(c) Day IPE became effective
Record Positions: 102-103

24. Cost of Purchased Services
Record Positions: 104-109

Enter, to the nearest dollar, the total amount of money spent by the State VR agency to purchase services for an individual, over the life of the current service record.

Include all expenditures made to public and/or private vendors, individuals or an organization. Include expenditures for all types of purchased services such as assessment, training, medical services, maintenance, transportation, tuition for higher education, rehabilitation technology services, personal assistance, or any other rehabilitation services. Exclude costs incurred for program administration and for salaries of counselors and other staff. Also exclude costs for services provided by rehabilitation programs owned and operated by the State VR agency that are not directly billed on an individual basis.

If an individual's service record is closed without an expense having been incurred by the State agency, enter 000000. If the agency expended $999,999 or more, enter 999999. Fill in leading zeros when they apply.

25. Services Provided

Enter the appropriate two-digit code to indicate the vendor and source of funding for each service listed. Services must have been provided to the individual in determining eligibility and/or in developing and carrying out the IPE.

Include all services furnished over the life of the current service record whether paid for with VR funds or from other sources (comparable services). If an individual received the same service from more than one provider, record only the major provider.

The first digit identifies the vendor or provider of the service. The second digit indicates the source of funding. Use Code 00 if a service was not provided to an individual. Funding Code 0 should only be used if the service was not provided to an individual. If a service was provided directly by the State VR agency without a direct cost use Code 11.

Codes for Vendors/Providers:

0 Not provided
1 Provided directly by State VR agency
2 Provided by Community Rehabilitation Programs in the Public Sector (owned and managed by Federal, State, or local government, such as those run by State VR agencies).
3 Provided by Community Rehabilitation Programs in the Private Sector (owned and managed by non-governmental entities, such as individuals, associations, corporations, etc.)
4 Provided by One-stop Employment/Training Centers
5 Provided by other Public Sources
6 Provided by other Private Sources

Codes for Source of Funding

0 Not provided
1 VR funds
2 Non-VR Sources
3 Combination of VR and Other Sources

Assessment
Record Positions: 110-111

Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a State VR agency that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Include here trial work experiences and extended evaluation.

Diagnosis and Treatment of Impairments
Record Positions: 112-113

Diagnosis and treatment of impairments means:

a) Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment;

b) Diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;

c) Dentistry;

d) Nursing services;

e) Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;

f) Drugs and supplies;

g) Prosthetic, orthotic, or other assistive devices, including hearing aids;

h) Eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other visual aids prescribed by personnel who meet State licensure laws and are selected by the individual;

i) Podiatry;

j) Physical therapy;

k) Occupational therapy;

l) Speech or hearing therapy;

m) Mental health services;

n) Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services or that are inherent in the condition under treatment;

o) Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and

p) Other medical or medically related rehabilitation services.

Vocational Rehabilitation Counseling and Guidance
Record Positions: 114-115

Vocational rehabilitation counseling and guidance means discrete therapeutic counseling and guidance services that are necessary for an individual to achieve an employment outcome, including personal adjustment counseling, counseling that addresses medical, family, or social issues, vocational counseling, and any other form of counseling and guidance that is necessary for an individual with a disability to achieve an employment outcome. This service is distinct from the general counseling and guidance relationship that exists between the counselor and the individual during the entire rehabilitation process.

Training

General note: Training services are designed to help the individual improve educationally or vocationally or to adjust to the functional limitations of his or her impairment. If the individual receives more than one type of training, each type should be recorded.

College or University Training
Record Positions: 116-117

Full-time or part-time academic training above the high school level leading to a degree (associate, baccalaureate, graduate, or professional), a certificate or other recognized educational credential. Such training may be provided by a four-year college or university, community college, junior college, or technical college.

Occupational/Vocational Training
Record Positions: 118-119

Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree or certification.

On-the-job Training
Record Positions: 120-121

Training in specific job skills by a prospective employer. Generally the individual is paid during this training and will remain in the same or a similar job upon successful completion. Also include apprenticeship-training programs conducted or sponsored by an employer, a group of employers, or a joint apprenticeship committee representing both employers and a union.

Basic Academic Remedial or Literacy Training
Record Positions: 122-123

Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market.

Job Readiness Training
Record Positions: 124-125

Training to prepare an individual for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity).

Disability Related Augmentative Skills Training
Record Positions: 126-127

Disability related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; Braille; speech reading; sign language; and cognitive training/retraining.

Miscellaneous Training
Record Positions: 128-129

Any training not recorded in one of the other categories listed, including GED or high school training leading to a diploma.

Job-Related Services

General note: Job-related services include job search assistance, job placement assistance, and on-the-job support services.

Job Search Assistance
Record Positions: 130-131

Job search activities support and assist a consumer in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer.

Job Placement Assistance
Record Positions: 132-133

Job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.

On-the-job Supports
Record Positions: 134-135

Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Such services include job coaching, follow-up and follow-along, and job retention services.

Transportation Services
Record Positions: 136-137

Transportation, including adequate training in the use of public transportation vehicles and systems, means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service. Examples of transportation services/expenses include, but are not limited to:

a) Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the individual to travel to participate in any VR service;

b) Relocation expenses incurred by the individual in connection with a job placement that is a significant distance from the individual's current residence;

c) The purchase and repair of vehicles, including vans, but not the modification of these vehicles; and

d) Training in the use of public transportation vehicles and systems.

Maintenance
Record Positions: 138-139

Maintenance means monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and VR needs or while receiving services under an IPE. Examples of maintenance expenses include, but are not limited to:

a) cost of uniforms or other suitable clothing required for an individual's job placement or job seeking activities;

b) cost of short-term expenses, such as food and shelter, that are required in order for an individual to participate in assessment or vocational training at a site that is not within commuting distance of an individual's home;

c) initial one-time costs, such as security deposits or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement; and

d) costs of an individual's participation in enrichment activities related to that individual's training program.

Rehabilitation Technology
Record Positions: 140-141

General note: Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes the following:

Rehabilitation Engineering Service

Rehabilitation engineering is the systematic application of engineering sciences to design, develop, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

Assistive Technology Devices

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

Assistive Technology Services

Assistive technology service is any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services may include:

a) evaluating the needs of an individual with a disability, including a functional evaluation of the individual in his/her customary environment;

b) purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;

c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

e) training or providing technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and

f) training or providing technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities to the extent that training or technical assistance is necessary for an individual with a disability to achieve an employment outcome.

NOTE: It is possible for these services to be classifiable under any of the other service categories.

Personal Assistance Services

General note: Personal assistance services are a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

Three distinct services that are considered personal assistance services are reader services, interpreter services, and personal attendant services. Further information on recording each of these services follows. Record only whether and which of these services were provided to the individual (e.g., if the same person provided both reader service and personal attendant service to an individual, indicate both services).

Reader Services
Record Positions: 142-143

Reader services are for individuals who cannot read print because of blindness or other disability. Reader services include, in addition to reading aloud, transcription of printed information into Braille or sound recordings if the individual requests such transcription. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.

Interpreter Services
Record Positions: 144-145

Interpreter services are sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Specially trained individuals perform sign language or oral interpretation. Also include here real-time captioning services for persons who are deaf or hard of hearing. Do not include language interpretation in this category, but in "other services".

Personal Attendant Services
Record Positions: 146-147

Personal attendant services are those personal services that an attendant performs for an individual with a disability such as bathing, feeding, dressing, providing mobility and transportation, etc.

Technical Assistance Services
Record Positions: 148-149

Technical assistance and other consultation services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.

Information and Referral Services
Record Positions: 150-151

Information and referral services are provided to individuals who need services from other agencies (through cooperative agreements) not available through the VR program.

Other Services
Record Positions: 152-153

Use this category for all other VR services that cannot be recorded elsewhere. Included here are occupational licenses, tools and equipment, initial stocks and supplies. Medical care for acute conditions arising during rehabilitation and constituting a barrier to the achievement of an employment outcome is also included in this category.

26. Level of Education Attained At Closure
Record Position: 154

Record the level of education the individual had attained when the service record was closed. If an actual educational level is not documented, record an estimated level.

Use the following codes:

0	No formal schooling
1	Elementary education (grades 1-8)
2	Secondary education, no high school diploma (grades 9-12)
3	Special education certificate of completion/diploma or in attendance
4	High school graduate or equivalency certificate (regular education students)
5	Post-secondary education, no degree
6	Associate degree or Vocational/Technical Certificate
7	Bachelor's degree
8	Master's degree or higher
*	Information is not available for Closure Code 1

NOTE: Code 3 is intended to capture individuals whose highest level of education is special education. This includes various situations. Use code 3 “Special education certificate of completion/diploma or in attendance”: 1) if the individual is currently a special education student, 2) if the individual received special education and earned a certificate of completion or high school diploma, or 3) if the individual received special education but did not receive a certificate/diploma.

27. Occupation at Closure
Record Positions: 155-160

For an individual who achieved an employment outcome, enter a six-digit code to describe the individual's occupation when the service record was closed.

Using the Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor, enter the first six digits of the appropriate DOT code. Fill in leading zeros when they apply. Closure into an architectural occupation, for example, should be recorded as 001061.

For the four employment situations unique to the VR program, use the special codes indicated below. These codes do not duplicate any six-digit codes in the DOT structure:

599999 Homemaker (own home) refers to men and women whose activity is keeping house for their families, or themselves if they live alone.

799999 Unpaid family worker (own family), not elsewhere classified use only if the type of unpaid family work cannot be classified according to any of the DOT occupations. An unpaid family worker is one who works without pay on a family farm or in a family business.

899999 Randolph-Sheppard vending facility clerk use this category for persons employed as clerks, sales persons, or helpers in a vending facility operated under the Randolph-Sheppard Vending Facility Program. Use this special code even though these occupations are classifiable in the DOT. Do not include vending facility operators (999999), or individuals employed in vending facilities outside the Vending Facility Program (use their DOT occupation code).

999999 Randolph-Sheppard vending facility operator use this category for individuals employed as operators or managers of vending facilities operated under the Vending Facility Program. Use this special code even though these occupations are classifiable in the DOT. Do not include vending facility clerks (899999), or individuals employed as vending facility

operators outside the Randolph-Sheppard Vending Facility Program (use their DOT occupation code).

Special Codes

599999	Homemaker
799999	Unpaid family worker, not classifiable in another DOT code
899999	Randolph-Sheppard vending facility clerk
999999	Randolph-Sheppard vending facility operator
******	Use this code for all closure types other than code 3

NOTE: Beginning with FY 2007, RSA 911 occupational data must be SOC codes. Until then, RSA 911data will require DOT codes. It is important that all agencies report the same data for a given year. For FY 2005 and FY 2006, agencies need to report DOT codes in Record Position (RP) 155-160. Beginning in FY 2007, agencies will report SOC codes in RP 155-160.

28. Employment Status at Closure
Record Position: 161

For an individual who achieved an employment outcome, enter the applicable one-digit code that describes the employment outcome of the individual when his or her service record was closed. Codes 1 and 3 through 7 are applicable for individuals who achieved an employment outcome (closure type 3). Code 2 applies only to an individual who received services and was placed in extended employment, which is no longer an employment outcome. Such an individual would have a closure type of 4. Use Code * for all closure types other than 3 and for closure type 4 cases not placed in extended employment. If classifying the individual into two different employment statuses from Codes 1-7 is possible, select a code designating the principal status.

1 Employment without Supports in Integrated Setting
2 Extended Employment (Applies only to closure type 4 with a reason for closure of 14.)
3 Self-employment (except BEP)
4 State Agency-managed Business Enterprise Program (BEP)
5 Homemaker
6 Unpaid Family Worker
7 Employment with Supports in Integrated Setting

1 - Employment without Supports in Integrated Setting is full-time or part-time employment in an integrated setting without ongoing support services. For purposes of this report, this is work performed for wages, salary, commissions, tips, or piece-rates, below, at, or above the minimum wage. Do not include self-employed individuals.

2 - Extended Employment refers to work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are variously referred to as community rehabilitation programs, or sheltered, industrial, or occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment. This code applies only to an individual who received services and was placed in extended employment, which is no longer an employment outcome. The appropriate closure type for such placements is 4 with a reason for closure of 14.

3 - Self-employment (except BEP) is work for profit or fees including operating one's own business, farm, shop or office. "Self-employment" includes sharecroppers, but not wage earners on farms.

4 - State Agency-managed Business Enterprise Program (BEP) refers to Randolph-Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of a State VR agency. Include home industry where the work is done under the management and supervision of a State VR agency in the individual's own home or residence for wages, salary, or a piece-rate. Individuals capable of activity outside the home, as well as by homebound individuals, may engage in such employment.

5 - Homemaker refers to men and women whose activity is keeping house for persons in their households or for themselves if they live alone.

6 - Unpaid Family Worker refers to persons who work without pay on a family farm or in a family business.

7 - Employment with Supports in Integrated Setting is full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. For purposes of this report, compensation for such employment may be below, at, or above the minimum wage.

29. Competitive Employment
Record Position: 162

Enter a one-digit code to indicate whether the individual achieved competitive employment at the time the service record was closed. For purposes of this report, competitive employment is employment in an integrated setting, self-employment or a state-managed Business Enterprise Program (BEP) that is performed on a full-time or part-time basis for which an individual is compensated

at or above the minimum wage. Minimum wage is the Federal or State minimum wage, whichever is higher.

Coding this item requires accurately applying several criteria to each individual. Specifically, item #36, type of closure, has a code of 3; item #28, employment status at closure, has a code of 1, 3, 4 or 7; the hourly wage (weekly earnings, item #30/hours worked, item #31) is at least equal to the higher of the federal or state minimum wage. Therefore, Code 1 in this item will be a subset of the total number of individuals coded 1, 3, 4 or 7 in Item #28. Use Code 0 in this item for individuals in Item #28, Codes 1, 3, 4 or 7, who did not meet the definition of competitive employment. Also use Code 0 for individuals whose service records were closed as homemakers, or unpaid family workers (Codes 5 or 6 in Item #28). Use Code * for closure types other than 3.

0 Not competitively employed
1 Competitively employed

Instructions for the accurate computation of hourly earnings for reporting competitive employment

The RSA 911 requires submission of weekly earnings and weekly hours worked in integers: file specifications do not permit the entry of either cents or partial hours. Hourly wages are computed by dividing the weekly earnings by the weekly hours worked. For hourly earnings that are at or near the applicable minimum wage, an individual making the minimum hourly wage may appear to be making less than the minimum wage. For example, a person making $5.15 per hour and working 1 hour each week, would have a weekly earnings of $5 if one used mathematical rounding rules to report weekly earnings.

To accurately report those individuals who make the minimum hourly wage and, at the same time, not introduce error by incorrectly identifying those who are not competitively employed use the following:

Continue to report weekly earnings and hours worked in integers. Round both of these variables using mathematical rules except for those cases where the individual makes the minimum wage or more but whose combination of weekly earnings and hours worked would result in a computation of hourly wages that would be less than the minimum wage. For those cases, round the weekly earnings up and report this higher amount. Round up these cases and only these cases.

In mathematical rounding rules, values of .5 or more are rounded up and values less than .5 are rounded down. Thus $5.50 becomes $6 and $6.45 also becomes $6. An example of an exception to the application of mathematical rounding rules occurs in a situation in which a person works for 35 hours per week at $5.15 per hour. (Assumption: federal minimum wage is the applicable

minimum wage.) The computed weekly wage of $180.25 would be rounded down to $180 if mathematical rounding rules were applied. However, if weekly earnings were reported as $180 then the computed hourly wage would be $5.143 which is less than the federal minimum wage of $5.15. Consequently, this person would appear to be not competitively employed when in fact he/she was. In order to accurately reflect this individual's competitive employment status at the applicable minimum wage, weekly earnings would be rounded up to $181 and reported as such on the RSA911. The computed hourly wage would then be $5.17.

30. Weekly Earnings at Closure
Record Positions: 163-166

Enter the amount of money (to the nearest dollar) the individual earned in a typical week after achieving an employment outcome. Earnings for this purpose include all income from wages, salaries, tips, and commissions before payroll deductions of Federal, State and local income taxes and Social Security payroll tax. Earnings also include profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers, if necessary.

SPECIAL CASES: To preclude misleading results such as a negative earnings situation, the following instructions are provided:

Where earnings are based on commissions that are irregular (e.g., real estate, automobile sales, etc.), to obtain a meaningful figure for a typical week's earnings, it should be calculated as an average over a representative period of time such as one month.

When, because of the occupation/situation, there are significant amounts of unreimbursed business expenses that are irregular (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.

Commissions are generally not paid when earned, but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

If the individual had no earnings, enter 0000. If the individual's earnings were $9999 or more, enter 9999. Fill in leading zeros when they apply (e.g., 0128 for individuals earning $128 in a typical week after achieving an employment outcome). Use Code **** for closure types other than 3.

31. Hours Worked in a Week at Closure
Record Positions: 167-168

For an individual who achieved an employment outcome, enter the number of hours the individual worked for earnings in a typical week when the service record was closed. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, enter 00. If the person worked 99 or more hours in one week, enter 99. Fill in leading zero when it applies. Use Code ** for closure types other than 3.

32. Type of Public Support at Closure

Enter a Code 0 or a Code 1 in each of the following seven record positions to indicate whether the individual was receiving that type of public support at closure. Use Code 0 to indicate no public support and Code 1 to indicate receipt of support payment from the source cited. One payment is sufficient to establish "receipt". Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. Categories of public support are as follows:

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Position: 169

Temporary Assistance for Needy Families (TANF)
Record Position: 170

General Assistance (State or local government)
Record Position: 171

Social Security Disability Insurance (SSDI)
Record Position: 172

Veterans' Disability Benefits
Record Position: 173

Workers' Compensation
Record Position: 174

Other Public Support
Record Position: 175

Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability.

Other Public Support payments are cash payments to individuals, not listed, and include payments made by Federal, State and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments.

33. Monthly Public Support Amount at Closure

Enter the monthly amount of money (to the nearest dollar) received by the individual as public support payments at the time the service record was closed for the sources listed below. If the individual receives two or more types of support, record the amount from each source. Fill in leading zeros for amounts under $1000. If no public assistance payments were received, enter 0000. If payments totaled $9999 or more, use 9999. Use Code **** in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Social Security Disability Insurance (SSDI)
Record Positions: 176-179

Enter the amount of SSDI received by the individual each month. This figure can be verified through the Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Supplemental Security Income (SSI) for the Aged, Blind or Disabled
Record Positions: 180-183

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the

Social Security Administration (SSA) or from a copy of the individual's benefit notification letter.

Temporary Assistance for Needy Families (TANF)
Record Positions: 184-187

Enter the amount of cash public assistance payments made through the federally funded TANF program. If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment.

All other Public Support
Record Positions: 188-191

Enter the monthly amount of public support received from General Assistance, Veteran's Disability Benefits, Workers' Compensation and all other sources of public support not listed (see Item 32).

34. Primary Source of Support at Closure
Record Position: 192

Enter a code from the list below to indicate the individual's largest single source of economic support at the time the service record was closed, even if it accounts for less than one-half of the individual's total support.

NOTE: If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Code 2 as the Primary Source of Support (family and friends) and not Code 1 (personal income). If a person is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, – use code 3 as the primary source of support.

Primary Source of Support Codes:

1 Personal Income (earnings, interest, dividends, rent)
2 Family and Friends
3 Public Support (SSI, SSDI, TANF, etc.)
4 All other sources (e.g., private disability insurance and private charities)
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency’s control

35. Medical Insurance Coverage at Closure

Record whether an individual had medical insurance coverage when his/her service record was closed. Enter a Code 0 or Code 1 in each of the following record positions. Use Code 0 if the individual had no medical coverage and Code 1 if the individual had that type of medical insurance coverage. Persons with no medical insurance coverage would be coded 0 for each type of medical insurance listed. Use Code * in the position if the information is not available for Closure Code 1 or the information is not available for all other closure codes due to circumstances beyond the agency's control.

Medicaid
Record Position: 193

Medicare
Record Position: 194

Public Insurance from Other Sources
Record Position: 195

Private Insurance Through own Employment
Record Position: 196

Private Insurance Through other Means
Record Position: 197

36. Type of Closure
Record Position: 198

Enter a one-digit code from the following list to indicate when in the VR process an individual exited the program:

1 Exited as an applicant (Line D7 on RSA-113)
2 Exited during or after a trial work experience/extended evaluation (Line D6 on RSA-113)
3 Exited with an employment outcome (Line D1 on RSA-113)
4 Exited without an employment outcome, after receiving services (Line D2 on RSA-113)
5 Exited without an employment outcome, after a signed IPE, but before receiving services (Line D4 on RSA-113)
6 Exited from an order of selection waiting list (Line D5 on RSA-113)
7 Exited without an employment outcome, after eligibility, but before an IPE was signed (Line D3 on RSA-113)

Counts of each code 1 through 7 must equal comparable figures reported in Section D of the agency's 4th quarter RSA-113 (Quarterly Cumulative Caseload Report). Agencies may be required to resubmit data if there are discrepancies in closure counts between these two systems.

37. Reason for Closure
Record Positions: 199-200

Enter a two-digit code that identifies the reason for closing the service record of an individual. The code 00 applies only to cases with a code of 3 in item #36, type of closure. Codes of 01 or higher apply to all other types of closure, viz. 1, 2, 4, 5, 6, and 7. Fill in leading zero when it applies.

00 Achieved employment outcome (applicable only to closure type 3).

01 Unable to locate or contact
Use this code when the individual has moved without a forwarding address or is otherwise unavailable. Also use this code for persons who have left the State and show no intentions of continuing in their VR program.

02 Disability too significant to benefit from VR services
Use this code to identify an individual whose mental or physical disability is so significant that the individual cannot benefit from VR services in terms of employment.

03 Refused Services or Further Services
Use this code for individuals who choose not to participate or continue in their VR program at this time.

04 Death

05 Individual in Institution
Use this code when an individual has entered an institution and will be unavailable to participate in a VR program for an indefinite or considerable period of time. An institution includes a hospital, a nursing home, a prison or jail, a treatment center, etc.

06 Transferred to another agency
Use this code when an individual needs services that are more appropriately obtained elsewhere. Transfer to the other agency indicates that appropriate referral information is forwarded to the other agency so that agency may provide services more effectively. Include individuals transferred to other State VR agencies.

07 Failure to cooperate
Use this code to indicate when an individual's actions (or non-actions) make it impossible to begin or continue a VR program. Failure to cooperate includes repeated failures to keep appointments for assessment, counseling, or other services.

08 No disabling condition
Use this code only for applicants who are not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment, e.g., a broken bone that heals.

09 No impediment to employment
Use this code for applicants who are not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment.

10 Transportation not feasible or available
Use this code to indicate that the individual was unable to accept or maintain employment because suitable transportation was either not feasible or not available.

11 Does not require VR services
Use this code for applicants who do not require VR services to prepare for, enter into, engage in, or retain gainful employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

12 Extended services not available
Use this code for individuals who would have benefited from the provision of supported employment services but for whom no source of extended services was available.

13 All other reasons
This code is used for all reasons not covered by Codes 01 to 12 or 14.

14 Extended employment
Use this code for individuals who received services and were placed in a non-integrated setting for a public or non-profit organization. See employment status code 2 for further information.

38. Date of Closure

Record the date (year, month, and day) when the individual's service record was closed by the State VR agency. Use the eight-digit date protocol.

38(a) Year of Closure
Record Positions: 201-204

38(b) Month of Closure
Record Positions: 205-206

38(c) Day of Closure
Record Positions: 207-208

39. Supported Employment Status
Record Position: 209

Enter a one-digit code to indicate (a) whether the individual's IPE specified an employment outcome/vocational goal in a supported employment setting and (b) if so, whether any supported employment services were charged to funds provided under Title VI-B of the Act. Use code 1 or 2, as applicable, if, at any time during the VR process, supported employment was established as a goal for the individual in his/her IPE. Use one of the following codes:

0	Not supported employment
1	Supported employment with some Title VI-B funds expended
2	Supported employment but no Title VI-B funds expended
*	Closure Codes 1, 2, 6 and 7 or information is not available, for closure codes 3, 4 and 5, due to circumstances beyond the agency's control

NOTE: The term "supported employment" means competitive work in integrated work settings, or employment in integrated work settings, in which individuals are working toward competitive employment, for individuals with the most significant disabilities who require intensive supported employment services in order to perform such work.

40. Veteran Status
Record Position: 210

Enter a one-digit code to indicate if the individual had served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable.

0 Not a veteran
1 Veteran
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

41. Significant Disability
Record Position: 211

Enter a one-digit code to indicate whether the individual was considered an individual with a significant disability at any time during his/her VR program. An individual with a significant disability is an individual:

a) who has a physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

b) whose VR can be expected to require multiple VR services over an extended period of time; and

c) who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and VR needs to cause comparable substantial functional limitation.

0 No Significant Disability
1 Significant Disability
* Information is not available for Closure Code 1

42. Migrant and Seasonal Farmworkers
Record Position: 212

Identify individuals who participated in a migrant or seasonal farm worker's project under Section 304 of the Act during their VR program.

0 Was not a migrant or seasonal farm worker during VR program
1 Participated in a migrant or seasonal farm worker project under Section 304 of the Act during VR program
2 Was a migrant or seasonal farm worker during VR program but did not participate in a migrant or seasonal farm worker project
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

43. Projects With Industry
Record Position: 213

Identify individuals who participated in a project under the Projects with Industry (PWI) program established in Section 611 of the Act during their VR program.

0 Not in PWI
1 In PWI during VR program
* Information is not available for Closure Code 1 or information is not available for all other closure codes due to circumstances beyond the agency's control

RSA-911 Record Layout

CASE SERVICE REPORT

(RSA-911)

RSA-911 RECORD LAYOUT

RP	ELEMENT	
1	1. Agency Code	
2		
3		
4	2. Social Security Number	
5		
6		
7		
8		
9		
10		
11		
12		
13	3. Closure Order	
14	4. Previous Closure	
15	Year	5. Date of Application
16		
17		
18		
19	Month	
20		
21	Day	
22		
23	Year	6. Date of Birth
24		
25		
26		
27	Month	
28		
29	Day	
30		
31	7. Gender	
32	White	8. Race & Ethnicity
33	Black or African American	
34	American Indian or Alaska Native	
35	Asian	
36	Native Hawaiian or Other Pacific Islander	
37	Hispanic or Latino	
38	9. Source of Referral	
39	10. Level of Education Attained at Application	
40	11. Individualized Education Program (IEP)	
41	12. Living Arrangement at Application	
42		
43	13 Primary Disability	
44		
45		
46		
47	14. Secondary Disability	
48		
49		
50		
51	15. Employment Status at Application	
52		

RP	ELEMENT	
53	16. Weekly Earnings at Application	
54		
55		
56		
57	17. Hours Worked in a Week at Application	
58		
59	SSI	18. Type of Public Support at Application
60	TANF	
61	General Assistance	
62	SSDI	
63	Veteran's Disability	
64	Worker's Compensation	
65	Other Public Support	
66	SSDI	19. Monthly Public Support Amount at Application
67		
68		
69		
70	SSI	
71		
72		
73		
74	TANF	
75		
76		
77		
78	All Other Public Support	
79		
80		
81		
82	20. Primary Source of Support at Application	
83	Medicaid	21. Medical Insurance Coverage at Application
84	Medicare	
85	Public Insurance from Other Sources	
86	Private thru Own Employment	
87	Private thru Other Means	
88	Year	22. Date of Eligibility Determination
89		
90		
91		
92	Month	
93		
94	Day	
95		
96	Year	23. Date of Individualized Plan for Employment (IPE)
97		
98		
99		
100	Month	
101		
102	Day	
103		

RSA-911 RECORD LAYOUT

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104	24. Cost of Purchased Services	
105		
106		
107		
108		
109		
110	Assessment	25. Services Provided
111		
112	Diagnosis & Treatment	
113		
114	Vocational Rehabilitation Counseling & Guidance	
115		
116	College or University Training	
117		
118	Occupational/Vocational Training	
119		
120	On-the-job Training	
121		
122	Basic Academic Remedial or Literacy Training	
123		
124	Job Readiness Training	
125		
126	Disability Related Augmentative Skills Training	
127		
128	Miscellaneous Training	
129		
130	Job Search Assistance	
131		
132	Job Placement Assistance	
133		
134	On-the-job Supports	
135		
136	Transportation	
137		
138	Maintenance	
139		
140	Rehabilitation Technology	
141		
142	Reader	
143		
144	Interpreter	
145		
146	Personal Attendant	
147		
148	Technical Assistance	
149		
150	Information & Referral	
151		
152	Other	
153		
154	26. Level of Education Attained at Closure	
155	27. Occupation at Closure	
156		
157		
158		
159		
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RP	ELEMENT	
161	28. Employment Status at Closure	
162	29. Competitive Employment	
163	30. Weekly Earnings at Closure	
164		
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167	31. Hours Worked at Closure	
168		
169	SSI	32. Type of Public Support at Closure
170	TANF	
171	General Assistance	
172	SSDI	
173	Veteran's Disability	
174	Workers' Compensation	
175	Other Public Support	
176	SSDI	33. Monthly Public Support Amount at Closure
177		
178		
179		
180	SSI	
181		
182		
183		
184	TANF	
185		
186		
187		
188	All Other Public Support	
189		
190		
191		
192	34. Primary Source of Support at Closure	
193	Medicaid	35. Medical Insurance Coverage at Closure
194	Medicare	
195	Public Insurance from Other Sources	
196	Private thru Own Employment	
197	Private thru Other Means	
198	36. Type of Closure	
199	37. Reason for Closure	
200		
201	Year	38. Date of Closure
202		
203		
204		
205	Month	
206		
207	Day	
208		
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210	40. Veteran Status	
211	41. Significant Disability	
212	42. Migrant & Seasonal Farm workers	
213	43. Projects With Industry	

Edit Specifications by Element

CASE SERVICE REPORT

(RSA-911)

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
1. Agency code	1-3	Valid codes listed in Agency Code Table in reporting instructions	1 thru 7 **REQUIRED ELEMENT**
2. Social Security Number	4-12	a. Must be numeric b. If SSN is not available, start the nine-digit number with '99' in RP 4 and 5.	1 thru 7 **REQUIRED ELEMENT**
3. Closure Order	13	a. Valid codes: 1, 2, 3, and so on. b. Individuals whose service records are closed more than once in the FY should have a separate record for each closure.	1 thru 7 **REQUIRED ELEMENT**
4. Previous Closure	14	Valid codes: 0 thru 7.	1 thru 7 **REQUIRED ELEMENT**
5. Date of Application Year Month Day	15-22 15-18 19-20 21-22	Format YYYYMMDD Code year using all four digits (no blanks). Cannot be prior to 1921. Valid codes: 01 thru 12. Valid codes: 01 thru 31.	1 thru 7 **REQUIRED ELEMENT**
6. Date of Birth	23-30	a. See edit specifications for Element #5 (Date of Application).	1 thru 7
		b. Use Code ******** if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
7. Gender	31	a. Valid codes: 1 or 2.	1 thru 7
		b. Use Code * if information is not available.	1
8. Race and Ethnicity	32-37	a. Valid codes: 0 or 1 for each position. **b. Entries are required for both Hispanic ethnicity and race. Hispanic ethnicity should have a code of 0 or 1 and at least one of the race categories must be coded as 1.**	1 thru 7 **REQUIRED ELEMENT**
		c. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	1
9. Source of Referral	38	a. Valid codes: 1 thru 9.	1 thru 7
		b. Use Code * if information is not available.	1
10. Level of Education Attained at Application	39	a. Valid codes: 0 thru 8. **b. If level attained is coded 3 (Special Education Certificate of completion/diploma or in attendance), then Individualized Education Program should be coded 1 (had an IEP).**	1 thru 7
		c. Use Code * if information is not available.	1
11. Individualized Education Program (IEP)	40	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if information is not available.	1
12. Living Arrangement at Application	41-42	a. Valid codes: 01 thru 10.	1 thru 7
		b. Use Code ** if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
13. Primary Disability	43-46	a. Valid codes listed in Codes for Impairments and Codes for Causes/Sources of Impairments in reporting instructions.	1 thru 7
14. Secondary Disability	47-50		
		b. Use Code **** if information is not available.	1
15. Employment Status at Application	51-52	a. Valid codes: 01 thru 11. b. Fill in leading zero when it applies.	1 thru 7.
		c. Use Code ** if information is not available.	1
16. Weekly Earnings at Application	53-56	a. Valid codes: 0000 thru 9999. b. Fill in leading zeros when they apply. c. Must be numeric. d. Must NOT be negative. **e. Must be greater than 0000 if Employment Status at Application (RP 51-52) equals 01, 02, 03, 04 or 07.**	1 thru 7
		f. Use Code **** if information is not available.	1
17. Hours Worked in a Week at Application	57-58	a. Valid codes: 00 thru 99. b. Fill in leading zero when it applies. **c. MUST range 01 thru 99 if Weekly Earnings at Application (RP 53-56) is greater than 0000.** **d. MUST equal 00 if Weekly Earnings at Application equal 0000.**	1 thru 7
		e. Use Code ** if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
-- Earnings/Hours Comparison	**53-58**	**Calculate hourly wage rate; verify if $40 per hour or more and correct earnings and/or hours, as needed.**[1]	1 thru 7
18. Type of Public Support at Application	59-65	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if information is not available.	1
19. Monthly Public Support Amount at Application	66-81	a. Valid codes: 0000 thru 9999 for each position. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater than 0000 if comparable Type of Public Support at Application is coded 1 in any RP 59 thru 65.** **f. If amount for a given type of public support is 0000, the code for receipt of that type of public support (RP 59 thru 65) is expected to be 0.**	1 thru 7
		g. Use Code **** if information is not available due to circumstances beyond the agency's control.	2 thru 7
		h. Use Code **** if information is not available.	1

[1] **Agencies are encouraged to set criteria for flagging below $40 per hour.**

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
20. Primary Source of Support at Application	82	a. Valid codes: 1 thru 4.	1 thru 7
		b. Use Code * if information is not available due to circumstances beyond the agency's control.	2, 4 thru 7
		c. Use Code * if information is not available.	1
21. Medical Insurance Coverage at Application	83-87	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if information is not available.	1
22. Date of Eligibility Determination	88-95	a. See edit specifications for Element #5 (Date of Application).	3 thru 7
		b. Use Code ******** if records were closed before a determination of eligibility.	1 and 2
23. Date of Individualized Plan for Employment (IPE)	96-103	a. See edit specifications for Element #5 (Date of Application).	3 thru 5
		b. Use Code ******** if records were closed before an IPE is developed.	1, 2, 6 and 7
24. Cost of Purchased Services	104-109	a. Valid codes: 000000 thru 999999. b. MUST be numeric and may not be negative. c. Fill in leading zeros when they apply.	1 thru 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
25. Services Provided	110-153	Valid codes listed in Codes for Vendors/Providers and Codes for Source of Funding in instructions.	1 thru 7
26. Level of Education Attained at Closure	154	a. Valid codes: 0 thru 8. b. Level attained at closure must be greater than or equal to level at application. **c. If level attained is coded 3 (Special Education Certificate of completion/diploma or in attendance), then Individualized Education Program (IEP)(RP 40) should be coded 1.**	1 thru 7
		d. Use Code * if information is not available.	1
27. Occupation at Closure	155-160	a. Valid codes: Except for special VR codes use Dictionary of Occupational Titles (DOT) published by the U.S. Department of Labor. b. Fill in leading zeros when they apply. **c. MUST equal 599999 if Employment Status at Closure (RP 161) equals 5.**	3
		d. Use Code ****** for all other closure codes.	1, 2, 4, 5, 6 and 7
28. Employment Status at Closure	161	a. Valid codes: 1, and 3 thru 7. **b. If code=5, then Occupation at Closure (RP 155-160) MUST equal 599999.**	3
		c. Valid code: 2. A code of 2 is applicable only to closure type (RP 198) 4.	4
		d. Use code * for all other closure codes.	1, 2, 4, 5, 6 and 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
29. Competitive Employment	162	a. Valid codes: 0 or 1. **b. Must equal 0 if Employment Status (RP 161) is coded 5 or 6.**	3
		c. Use Code * for all other closure codes.	1, 2, 4, 5, 6 and 7
30. Weekly Earnings at Closure	163-166	a. Valid codes: 0000 thru 9999. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater then 0000 if Employment Status (RP 161) equals 1, 3, 4 or 7.**	3
		f. Use Code **** for all other closure codes.	1, 2, 4, 5, 6 and 7
31. Hours Worked in a Week at Closure	167-168	a. Valid codes: 00-99. **b. MUST range 01 thru 99 if Weekly earnings at Closure (RP 163-166) are greater than 0000.** **c. MUST be 00 if Weekly Earnings at Closure (RP 163-166) is 0000.**	3
		d. Use Code ** for all other closure codes.	1, 2, 4, 5, 6 and 7
-- Earnings/Hours Comparison	**163-168**	**Calculate hourly wage rate; verify if $40/hour or more and correct earnings and/or hours, as needed.**[2]	**3**

[2] **Agencies are encouraged to set criteria for flagging below $40/hour.**

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
32. Type of Public Support at Closure	169-175	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if the information is not available.	1
33. Monthly Public Support Amount at Closure	176-191	a. Valid codes: 0000 thru 9999 for each position. b. Must be numeric. c. Must NOT be negative. d. Fill in leading zeros when they apply. **e. MUST be greater than 0000 if comparable Type of Public Support at Closure (RP 169-175) is coded 1.** **f. If amount for a given type of public support is 0000, the code for receipt of that type of public support (RP 169 thru 175) is expected to be 0.**	1 thru 7
		g. Use Code **** in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		h. Use Code **** in the position if information is not available.	1

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
34. Primary Source of Support at Closure	192	a. Valid codes: 1 thru 4.	1 thru 7.
		b. Use Code * if information is not available due to circumstances beyond the agency's control.	2, 4 thru 7
		c. Use Code * if information is not available.	1
35. Medical Insurance Coverage at Closure	193-197	a. Valid codes: 0 or 1 for each position.	1 thru 7
		b. Use Code * in the position if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * in the position if the information is not available.	1
36. Type of Closure[3]	198	Valid codes: 1 thru 7.	1 thru 7 **REQUIRED ELEMENT**

[3] **Counts of each code 1 thru 7 <u>MUST</u>** equal counts derived from the 4th Quarter, Quarterly Cumulative Caseload Report (Form RSA-113). Agencies may be required to resubmit data, if there are discrepancies in counts of closure between the two systems.

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
37. Reason for Closure	199-200	a. Valid codes: 00 thru 14. **b. Use Code 00 if Type of Closure (RP 198) is Code 3.** **c. Cannot equal Code 08, 09 or 11 if Type of Closure equals 4, 5, 6 or 7.** **d. The reason for closure code of 14 is applicable only if Type of Closure equals 4 AND Employment Status at Closure (RP 161) equals 2 (extended employment).** e. Fill in leading zero when it applies.	1 thru 7 **REQUIRED ELEMENT**
38. Date of Closure	201-208	See edit specifications for Element #5 (Date of Application).	1 thru 7 **REQUIRED ELEMENT**
Year	201-204	**a. Must equal Federal Fiscal Year of closure if Month of Closure (RP 205-206) equals 01-09.** **b. Must equal Federal Fiscal Year of Closure minus one if Month of Closure (RP 205-206) equals 10-12.**	
39. Supported Employment Status	209	a. Valid codes: 0 thru 2.	3 thru 5
		b. Use Code * if information is not available due to circumstances beyond the agency's control..	3 thru 5
		c. Use Code * for all other closure codes	1, 2, 6 and 7

ELEMENT NAME	RECORD POSITION	EDIT SPECIFICATION	APPLICABLE TYPE OF CLOSURE CODE
40. Veteran Status	210	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * if the information is not available.	1
41. Significant Disability	211	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if the information is not available.	1
		c. If Type of Public Support (SSDI) is coded 1 at application (RP 62) or closure (RP 172), then significant disability should be coded 1.	1 thru 7
42. Migrant and Seasonal Farmworkers	212	a. Valid codes: 0 thru 2.	1 thru 7
		b. Use Code * if the information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * if the information is not available.	1
43. Projects With Industry	213	a. Valid codes: 0 or 1.	1 thru 7
		b. Use Code * if the information is not available due to circumstances beyond the agency's control.	2 thru 7
		c. Use Code * if the information is not available.	1

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APPENDIX P

FILE LAYOUT OF THE VRRMS PAYMENTS FILES

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Data Set Name	LOCAL.VRRMS	Observations	60150
Member Type	DATA	Variables	87
Engine	V9	Indexes	0
Created	Tuesday, May 15, 2012 09:23:47 AM	Observation Length	706
Last Modified	Tuesday, May 15, 2012 09:23:47 AM	Deleted Observations	0
Protection		Compressed	CHAR
Data Set Type		Reuse Space	NO
Label		Point to Observations	YES
Data Representation	WINDOWS_32	Sorted	YES
Encoding	wlatin1 Western (Windows)		

Engine/Host Dependent Information

Data Set Page Size	16384
Number of Data Set Pages	1628
Number of Data Set Repairs	0
Filename	M:\Loewenberg\trf10\VRRMS\DATA\LINKDATA\vrrms.sas7bdat
Release Created	9.0202M0
Host Created	W32_VSPRO

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Informat	Label
71	ACP_accept	Num	8		ACP REIMBURSABLE BEFORE OTHER CHECKS
72	ACP_allowed	Num	8		ACP COSTS DUE VRA AFTER OTHER CHECKS
70	ACP_claimed	Num	8		ACP COST AMOUNT CLAIMED BY VRA
78	COUNT_CLAIMS	Num	8		Count of Claims detail records for a per
87	COUNT_SPELLS	Num	8		Count of number of VR spells for a benef
85	C_VRA_ENTER_FIRST	Num	8		VR Enter Date on the earliest spell
82	C_VRA_ENTER_PREV_1	Num	8		VR Enter Date on the first previous clai
86	C_VR_CLOSED_FIRST	Num	8		VR Close Date on the earliest spell
83	C_VR_CLOSED_PREV_1	Num	8		VR Close Date on the first previous clai
62	DIR_accept	Num	8		DIRECT REIMBURSABLE BEFORE OTHER CHECKS
63	DIR_allowed	Num	8		DIRECT COSTS DUE VRA AFTER OTHER CHECKS
61	DIR_claimed	Num	8		DIRECT COST AMOUNT CLAIMED BY VRA

final VRMMS person record 08

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#	Variable	Type	Len	Informat	Label
74	DI_allowed	Num	8		
73	DI_benefits	Num	8		
65	OTH_accept	Num	8		OTHER REIMBURSABLE BEFORE OTHER CHECKS
66	OTH_allowed	Num	8		OTHER COSTS DUE VRA AFTER OTHER CHECKS
64	OTH_claimed	Num	8		OTHER COST AMOUNT CLAIMED BY VRA
59	P_id	Char	11		

76	SSI_allowed	Num	8		
75	SSI_benefits	Num	8		
1	SSN	Char	9		SSN
80	SUMDIFF	Num	8		
79	SUM_ALLOWED	Num	8		
84	TL_ALLOWED_FIRST	Num	8		Total Allowed on the earliest spell
81	TL_ALLOWED_PREV_1	Num	8		Total Allowed on the first previous clai
77	TL_allowed	Num	8		Total Allowed
68	TRK_accept	Num	8		TRACKING REIMBURSABLE BEFORE OTHR CHECKS
69	TRK_allowed	Num	8		TRACKING COSTS DUE VR AFTER OTHER CHECKS
67	TRK_claimed	Num	8		TRACKING COST AMOUNT CLAIMED BY VRA
4	c_1st_name	Char	11		FIRST NAME
23	c_begin_ppd	Num	8	MMDDYY10.	TII ONSET DATE OR TXVI 1ST ELIG. DATE
46	c_bic	Char	8		THE BENEFICIARY IDENTIFICATION CODE
11	c_birthday	Num	8	MMDDYY10.	DATE OF BIRTH
40	c_bl_dib_dec_f	Char	8		INDICATOR-TII DISAB DUE TO BLINDNESS
10	c_clm_entered	Num	8	MMDDYY10.	DATE CLAIM ENTERED INTO SYSTEM
2	c_cntl_cntr	Char	1		NUMBER OF VR PERIOD FOR MULTIPLE VR PERS
36	c_contrib_f	Char	8		INDICATOR-VR SERVICES CONTRIBUTED SGA
3	c_detl_cntr	Char	1		NUMBER OF CLAIMS FOR SAME SSN/VR PERIOD
14	c_disp_dte	Num	8	MMDDYY10.	DATE CLAIM DISPATCHED
21	c_emp_began	Num	8	MMDDYY10.	DATE EMPLOYMENT BEGAN
24	c_entit_end	Num	8	MMDDYY10.	DATE DISABILITY PAYMENT ELIG. ENDS
6	c_exclud_mos	Char	23		
39	c_ext_evl_f	Char	8		INDICATOR-VRA SOLE PROVIDER IN EXTD EVAL
47	c_fo_code	Char	8		THE CLIENTS FIELD OFFICE CODE
15	c_gross_ppd_b	Num	8	MMDDYY10.	GROSS PAY PER BEGIN DATE-1ST PAY/10/1/81
16	c_gross_ppd_e	Num	8	MMDDYY10.	GROSS PAY PER END DATE-LAST ENTLMT/SGA

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Informat	Label
53	c_inelig_incld	Char	8		
55	c_inelig_net	Num	8		
52	c_inelig_trk	Num	8		
29	c_ipe_dt	Num	8	MMDDYY10.	
5	c_last_name	Char	15		LAST NAME
9	c_mbr_pia	Num	5		PRIMARY INSURANCE AMOUNT FOR TII BENE
44	c_mdibp_f	Char	8		INDICATOR-MULTIPLE DISABILITY PERIODS
43	c_med_recov_cess	Char	8		THE REASON SSA MONTHLY BENEFITS CEASED
37	c_med_svc_f	Char	8		INDICATOR-VRA PROVIDED MEDICAL SERVICES
32	c_mid_init	Char	8		MIDDLE INITIAL
45	c_mr_exp_f	Char	8		INDICATOR-MIE AND MEDICAL CESSATION
17	c_net_ppd_b	Num	8	MMDDYY10.	NET PAY PER BEGIN DATE-GROSS/VR ENTERED
18	c_net_ppd_e	Num	8	MMDDYY10.	NET PAY PER END DATE-GROSS/VR CLOSURE
31	c_pcode	Num	8		PAYMENT CODE-ALLOWED/DENIED/TECH REVISED
27	c_post_emp_begin_date	Num	8	MMDDYY10.	
28	c_post_emp_end_date	Num	8	MMDDYY10.	
56	c_post_emp_no_of_month	Num	8		
38	c_prg_clmd	Char	8		THE PROGRAM REIMBURSING VRA-DI/SSI/CON
57	c_prior_pmt_oth_pd	Num	8		
58	c_prior_pmt_this_pd	Num	8		

13	c_rpb_recvd	Num	8	MMDDYY10.	DATE CLAIM RECEIVED BY SSA/OESP
33	c_sex	Char	8		GENDER
51	c_sga_basis_cde	Char	8		
50	c_sga_dec_cde	Char	8		
26	c_sga_end	Num	8	MMDDYY10.	LAST DAY OF LAST MONTH OF CONTINUOUS SGA
25	c_sga_start	Num	8	MMDDYY10.	1ST DAY OF 1ST MONTH OF CONTINUOUS SGA
42	c_ssi_fla	Char	8		SSI FEDERAL LIVING ARRANGEMENT
7	c_tf_costs	Num	7		COMPUTED TRUST FUND COSTS W/O REHAB
8	c_tf_savings	Num	7		CALCULATED SAVINGS TO THE TRUST FUND
54	c_toc	Char	8		
49	c_trk_mnths	Num	8		NUMBER MONTHS WORK ACTIVITY TRKD BY VRA
19	c_trk_ppd_b	Num	8	MMDDYY10.	FIRST DAY OF MO. AFTER NET PAY END DATE
20	c_trk_ppd_e	Num	8	MMDDYY10.	EQUAL TO GROSS PAY PERIOD END DATE
41	c_vr_blind_f	Char	8		INDICATOR-CLIENT IS BLIND (IGNORING TII)

final VRMMS person record 08

The CONTENTS Procedure

Alphabetic List of Variables and Attributes

#	Variable	Type	Len	Informat	Label
22	c_vr_closed	Num	8	MMDDYY10.	DATE OF FINAL VR CLOSURE
34	c_vr_remark	Char	8		INDICATOR OF ADDITIONAL VRA COMMENTS
12	c_vra_enter	Num	8	MMDDYY10.	DATE THE CLAIMANT ENTERED VR
48	c_wc_deduct	Num	8		WORKERS COMPENSATION OFFSET
35	c_xref_ssn	Num	8		THE CROSS REFERENCE SSN OF BENEFICIARY
60	pers_id	Num	8		
30	v_alt_code	Num	8		VRA CODE

Sort Information

Sortedby	SSN
Validated	YES
Character Set	ANSI

APPENDIX Q

FILE LAYOUT OF THE DER FILE

BUCKET LAYOUT 7/15/2011

Start Pos	End Pos	Size	Name	Description
1	1	1	TYPE	Type 2 = State and Local Wages Type 3 = Self Employment Type 4 = Tips Type 1 = none of the above
2	10	9	SSN	Social Security Number
11	14	4	YEAR	Tax Year (CCYY)
15	23	9	EIN	Employer Identification Number
24	35	12	WAGE_TIPS_IRS	Wages, tips and other compensation W2-Box #1 (Total Compensation) $$$.cc
36	47	12	WAGE_TIPS_RR	Railroad wages W2-Box #1 $$$.cc
48	59	12	WAGE_TIPS_NF	Wages, other than railroad, non-covered for Soc Sec or Medicare W2-Box #1 $$$.cc
60	71	12	WAGE_TIPS_SS	Total of WAGE_SS and TIPS_SS W2-Box #3 and Box #7 $$$.cc
72	83	12	WAGE_SS	Social Security taxable wages W2-Box #3 $$$.cc
84	95	12	TIPS_SS	Social Security taxable tips W2-Box #7 $$$.cc
96	107	12	WAGE_TIPS_MED	Medicare taxable wages and tips W2-Box #5 $$$.cc
108	119	12	TIPS_MED	Medicare taxable tips $$$.cc
120	131	12	SEI_SS	Social Security taxable self-employment income, as posted (SSSEIP) $$$.cc
132	143	12	SEI_MED	Medicare taxable self-employment income, as posted (MTSEIP) $$$.cc
144	155	12	PENSION	Pensions (IRS Form W-2P) $$$.cc
156	167	12	PAYMENT_457	Plan 457 and Non Plan 457 distributions $$$.cc
168	179	12	SWP_457	Non Plan 457 Special Wage Payments $$$.cc
180	191	12	DEF_DSTB	Deferred Compensation Distributions W2-Box #11 $$$.cc
192	203	12	DEF_CNTR	Deferred Compensation contributions W2-Box #12 Prior to 2004 all elective deferrals were summarized into this grouping. In 2004 new employment types were created for the different plans (401, 403, 408, 457, 501). $$$.cc
204	215	12	PLAN_401	W2 non FICA & Def Comp contributions to 401 (k) $$$.cc
216	227	12	PLAN_403	W2 non FICA & Def Comp contributions to 403 (b) $$$.cc
228	239	12	PLAN_408	W2 non FICA & Def Comp contributions to 408 (k) $$$.cc
240	251	12	PLAN_457	W2 non FICA & Def Comp contributions to 457 (b) $$$.cc
252	263	12	PLAN_501	W2 non FICA & Def Comp contributions to 501(c) (18) (d) $$$.cc
264	275	12	HSA_CNTR	Health Savings Account (HSA) W2-Box #12 $$$.cc

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